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CITY AND PORT OF CARDIFF



PUBLIC HEALTH DEPARTMENT ANNUAL REPORT 1965

W. POWELL PHILLIPS, O.B.E., M.R.C.S., L.R.C.P., D.P.H.

Medical Officer of Health

Principal School Medical Officer

Port Medical Officer

CITY OF CARDIFF MUNICIPAL OFFICES
GREYFRIARS ROAD
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Telephone 31033

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PREFACE

I have the honour to present the Annual Report on the public health for the City of Cardiff during 1965.

Statistical

The Registrar-General estimates a slight decrease in population but not of sufficient significance to indicate any movement of people from the City. There has been an increase of 1,771 inhabited houses and the number of persons per occupied house is now 3.5, a small but welcome decrease which contributes to less overcrowding.

The birth-rate continues the slight downward trend, being 18.55 per thousand. This is still in excess of the birth-rate for England and Wales, which has now fallen to 18 per thousand. The number of infants dying during the first 12 months was 111, one more than last year. The infant death-rate was therefore higher at 22.77 per thousand live-births. The national average has now fallen to 19 deaths per thousand. The outstanding cause of death in babies has been viral bronchiolitis. Attempts made to isolate the possible source of infection failed to isolate any specific virus which may give rise to the condition. The disease is often rapidly fatal, failing to respond to medical treatment.

During the year the number of illegitimate babies has risen but not to the same degree which it has in recent years. For the welfare of these mothers who have their own special problems to face, a health visitor spends half of her time to advise and help them over their difficulties.

So far as the crude death-rate is concerned Cardiff compares favourably with the national death-rate in 1965. There were 10.80 deaths per thousand as opposed to 11.5 per thousand for England and Wales. The number of cancer deaths was 551 and of these no fewer than 156 were due to lung cancer. Continued local and national education into the dangers of the cigarette habit are necessary. It is, of course, much too soon to say that these are not going to produce success because it often takes several years for cancer to develop after the irritant has initiated the malignant process. With one form of cancer, namely cancer of the cervix, a determined effort is being made in the field of prevention. Under the direction of Mr. James Lawson a special project is now working in Cardiff to screen all married women between 25 and 69 years. The Cardiff City Council has converted 30 Richmond Road, which was formerly a clinic, into the headquarters for this project. There was some delay in carrying out the necessary conversions because the Cardiff United Hospitals were loaned the building as a temporary outpatient clinic for the Maternity Hospital while the conversions and adaptations were being carried out at the hospital based clinic. During 1965, 5,234 women were examined, the specimens being collected by medical officers at our clinic during special sessions. Material is also received from the various hospitals throughout Cardiff. From the headquarters at Richmond Road the scheme for operation of clinics is planned and propaganda initiated. The specimens after collection are all examined at a special laboratory in St. Davids Hospital where the consultant pathologist, Dr. D. M. D. Evans, has a group of technicians working under his direction. There will without doubt be many problems associated with the treatment of patients where operative measures are necessary.

Infectious Diseases including Prevention

There has been no outstanding incidence in the common infections this year. Dr. W. M. Sutcliffe has been co-operating in a trial of measles vaccine. This vaccine, which is now being given at certain centres, seems to offer a substantial protection against this infectious illness of childhood. The disease still produces a substantial sequel of complications. That active protection can be attained with live attenuated vaccines is now proven but the durability of the protection will have to stand the test of experience.

The work in tuberculosis prevention continues this year. It will be noticed that there were 19 deaths compared with 12 last year. This is of little or no significance when the numbers have become so small. It certainly provides no evidence to cause one to doubt

the fact that this disease is now largely controlled through the combined effects of drug therapy, medical treatment, early ascertainment, improved socio-economic conditions and active methods of prevention. The notification rate has again fallen.

No cases of poliomyelitis were notified and while it is mentioned that only 50% of children born in 1963 were protected by immunisation, the position at present is that our immunisation schedule introduces our main immunisation procedures at one and the same time. As acceptance in Cardiff is high, the poliomyelitis protection rate in infancy will now be approximately the same as for diphtheria, tetanus and whooping cough.

Maternal, Child Health and Other Social Services

A new clinic was opened in the Splott district. It is a substantial structure and provides for a full range of maternal, child health and school health work. It replaced a converted private residence which was much too cramped for the volume of work undertaken in this thickly populated residential area.

During the year special examinations of 'at risk' babies have been undertaken and an endeavour is being made to get an appraisal of the value of this work. In co-operation with the Department of Social Medicine of the University a register is kept of all congenital defects and malformations.

The health visitors work much more closely with general practitioners throughout the city and a start has been made in one practice whereby the health visitor's work coincides with the practice list. This will extend in the future.

Of great concern to the general practitioners, welfare department, and health department is the gross shortage of beds in this area for old people needing hospital care. This is a general deficiency in the National Health Service. What is not appreciated is that more and more are living into the 80+ range. This brings an acute need for skilled nursing care and reduces the possibility of adequate care in the home or indeed welfare hostel when the patient becomes ill. Welfare hostels cannot be expected to cope with these very elderly patients when they are ill, unless a high percentage of their staff are to hold nursing qualifications.

Not only are the number of beds inadequate throughout the country to meet this need but in Cardiff we should have some 200 more beds to bring our complement even up to the inadequate national standard.

The result is a sense of frustration for those working on this problem in our local hospitals. There is an equal sense of inadequacy on the part of the services which are trying to cope with the conditions in the home.

On the domiciliary care of the elderly the home-help service is very fully extended, over 90% of their work is concerned with old folk.

Dr. J. N. P. Hughes has carried out investigations into the body temperature of elderly people at home. Each health visitor and home nurse now has a special low reading thermometer 85°F – 105°F. Deficient heating in the home is difficult to deal with but prompt answers are found when there are deficiencies in clothes or bedding.

Mental Health

The mental health section had 1,363 people under supervision. Another home has been opened at 139 Splott Road. It provides room for eight men. Some of them have been mentally ill whilst others are subnormal. There have been no difficulties associated with common housing of these two categories of mental ill health. One of our mental health workers has a one-roomed flat in the house providing a minimum degree of supervision. Many patients who have either come direct from hospital or have passed through our two small hostels have been found lodgings with private families. This is the ideal solution but requires careful planning before this step in after-care is arranged. We shall hope to extend this in future years.

At Whitchurch Hospital there is an increasing amount of work devoted to the treatment of alcoholics. At one clinic two evening sessions are given to after-care of this group. The mental welfare officers attend.

The close and friendly relationship with both Whitchurch and Ely Hospitals gives impetus and encouragement to all who are concerned with mental illness in the City. Each of our mental welfare officers is an honorary social worker at Whitchurch Hospital.

Dr. Wynn Jenkins, consultant psychiatrist of Ely Hospital has an outpatient clinic in Cardiff for supervision and advice in his speciality, mental subnormality. His help and practical guidance is so much appreciated by parents and relatives as well as by those responsible for social welfare.

School Health Service

There have been no noteworthy developments in school health services during the year. On the subject of health education a special course has been instituted for teachers. Sex education perhaps stimulated this project but the lecture discussions have been on a very broad basis of positive health with the normal development of sex instinct as one facet.

Recent advances in medical and surgical technique will in future years bring an increasing number of children under the care of the school health service with residual handicaps which would previously have been fatal at an early age. Provision will have to be made to deal with this rather special problem.

Environmental Health

Mr. W. Bate, Chief Public Health Inspector, deals fully with the main concerns in environmental health. Cardiff is a relatively modern City and it is felt that by full implementation of housing improvement provisions of the Housing Act, 1964, a great deal of material benefit would accrue to the residents in substantial parts of the City. Improvements carried out at the correct time will be less costly than ultimate rehousing and for many would save the increasing difficulties of travel which create a problem for those living in the more distant housing estates.

The Food Standards Committee Reports are mentioned and here is legislation which when passed should help to bring reasonable nutritional value in prepared foods containing protein.

Conclusion

There have been no dramatic happenings in the Health Department in 1965 but the all round picture is one of improving health standards with the exception of unsatisfactory provisions for the care of the elderly sick. In this field the position is deteriorating.

It is good to hear that the small health bulletin sent out each week from the Health Department to the family doctors practising in Cardiff and to the hospitals is of some help. It does serve in some degree to give the various branches of the medical profession information on general topics of concern to all.

The Health Committee has always shown a lively interest in a progressive personal and environmental health service. I wish to thank all the members of the staff who have helped to compile this report and who have undertaken the duties which are described.

W. POWELL PHILLIPS

Public Health Department,
City of Cardiff Municipal Offices,
Greyfriars Road,
CARDIFF.

December, 1966.

Visitors from Abroad

Medical Officers, and others concerned with health and welfare problems in the Commonwealth and in foreign countries, have been welcomed to the Department. They have included visitors from:—

India, Italy, Norway, Pakistan, Canada, and Malawi, Africa.

PUBLICATIONS AND PAPERS

THE ORIENTATION OF CONSULTANT AND HOSPITAL DOCTORS—TOWARDS A NEW APPROACH TO PUBLIC HEALTH.

Phillips, W. Powell, O.B.E., M.R.C.S., L.R.C.P., D.P.H.

Public Health, The Journal of the Society of Medical Officers of Health, Vol. LXXIX, No. 4, May, 1965, pp. 226-230.

COMBINED PROPHYLAXIS

Phillips, W. Powell, O.B.E., M.R.C.S., L.R.C.P., D.P.H.

The Practitioner, Symposium on Immunization in General Practice, Vol. 195, September, 1965, pp. 306-311.

A COMPARISON OF THE HEAF AND TINE TUBERCULIN TESTS

Griffith, A. H., M.D., B.S., M.R.C.S., L.R.C.P., D.P.H. and Kinsley, Barbara J.

Tubercle, Lond., 46, June, 1965, pp. 121-125.

COMMUNITY CARE IN THE CITY OF CARDIFF.

Clutterbuck, L., S.R.N., R.M.N., R.M.P.A., A.I.S.W.

Whitchurch Hospital Magazine, Spring Edition, 1965.

PUBLIC HEALTH DEPARTMENT STAFF (as at 31st December, 1965)

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GAYNOR LACEY, M.B., B.S., D.P.M., Psychiatrist, Child Guidance Clinic

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Deputy Superintendent Health Visitor—Miss M. J. PRICE, S.R.N., S.C.M., H.V.CERT.

Fifty-eight Health Visitors

Two Senior Physiotherapists

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One School Nurse

Non-Medical Supervisor of Midwives and Superintendent of Midwifery Service

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One Midwifery Tutor.

Two Assistant Superintendents.

Twenty-five and a half District Midwives

Superintendent of Home Nursing Service—Miss G. M. WILLIAMS, S.R.N., S.C.M., H.V.CERT., Q.N.

Two Assistant Superintendents.

Forty-seven District Nurses (including two night nurses)

One Administrative Nurse

SANITARY ADMINISTRATION

Chief Public Health Inspector (Urban)—W. BATE, M.A., D.P.A., F.R.S.H., M.A.P.H.I.

Deputy Chief Public Health Inspector—D. LLOYD-JONES, M.A.P.H.I.

Three Divisional Public Health Inspectors.	Three Senior Specialist Public Health Inspectors
One Senior Public Health Inspector (Housing)	Five Specialist Public Health Inspectors
Nine District Public Health Inspectors	Six Pupil Public Health Inspectors
One Lady Visitor for Housing Estates	One Rodent Control Officer
	Five Technical Assistants

Chief Port Health Inspector—T. G. NEWBY, Master Mariner, M.A.P.H.I.

One Port Health Inspector

One Deratisation Officer

VETERINARY, MEAT INSPECTION AND ABATTOIR

Veterinary Officer, Chief Meat Inspector and Abattoir Manager

J. H. M. HUGHES, M.R.C.V.S., D.V.S.M.

Deputy Abattoir Manager—R. M. DAVIES, M.A.P.H.I.

Three Meat Inspectors, One Administrative Assistant and Authorised Meat Inspector

CITY ANALYST'S LABORATORY

City Analyst—A. R. PHILLIPS, B.SC., F.R.I.C.

Deputy City Analyst—R. H. MCKINLAY, F.R.I.C.

Two Analysts, Three Assistant Analysts, Two Laboratory Technicians

ADMINISTRATION, ETC.

Principal Administrative Assistant—P. H. WILLIAMS, F.C.C.S.

Deputy Principal Administrative Assistant—J. S. GENTLE

Senior Administrative Assistants—General Health Services—A. E. CROCKER
—School Health Service—A. K. JENKINS

Administrative Assistants—Finance and Stores—W. PATTERSON
—Vaccination, Immunisation
and Public Relations } A. R. GOUNDRY, A.C.C.S.

Administrative and Clerical Assistants—General, Finance—19
Sanitary Administration—7
School Health Service—15
Vaccination and Immunisation—10
Mental Health—2
Port Health—1
Home Help—1
Abattoir—1

Senior Mental Welfare Officer—L. CLUTTERBUCK, S.R.N., R.M.N., R.M.P.A., A.I.S.W.

Five Mental Welfare Officers.

Two Mental Health Visitors

Ambulance Officer—H. D. EDWARDS

Joint Ambulance Liaison Officer

Senior Ambulance Supervisor

Five Ambulance Supervisors

Home Help Organiser—Miss GRETA MIDGLEY

Deputy Home Help Organiser

Assistant Home Help Organiser

Female Visiting Officer

Occupation and Training Centres

Two Senior Supervisors; Nine Supervisors; Four Assistant Supervisors
Seven Nursery Assistants

Medical Auxiliaries

Senior Speech Therapist—Miss B. MORRIS, L.C.S.T.

Three Speech Therapists (Two Part-Time)

GENERAL HEALTH SERVICE

I—SUMMARY OF GENERAL AND VITAL STATISTICS

Area (acres):—

Including inland water and foreshore	..	..	..	..	..	18,066
Including inland water (excluding foreshore)	..	..	..	..	..	15,271
Excluding inland water	..	..	..	..	..	14,867

Population:—

Census, 1961	..	..	..	..	..	..	256,270
Registrar-General's estimate, mid-1965	..	..	..	..	..	..	260,170
Number of persons per acre	..	..	..	..	..	..	17·50
Estimated number of inhabited houses	..	..	..	..	..	..	73,631
Estimated number of inhabited houses per acre	..	..	..	..	..	..	5·0
Estimated average number of persons per occupied house	..	..	..	..	..	..	3·5
Rateable Value, 1/4/65	..	..	..	..	..	..	£11,837,977
Estimated product of a penny rate 1965/66	..	..	..	..	..	..	£48,750
Live Births	..	4,875	Birth-rate per 1,000	{ Crude	..	..	18·74
				{ Adjusted by A.C.F.	..	..	18·55
Deaths	..	2,811	Death-rate per 1,000	{ Crude	..	..	10·80
				{ Adjusted by A.C.F.	..	..	12·10
Excess of births over deaths—Males 998; Females, 1,066	..	..	..	..	..	..	2,064
Deaths under one year	..	111.	Death rate per 1,000 live births	..	..	..	22·77
Deaths under one month	..	63.	Death rate per 1,000 live births	..	..	..	12·92

	<i>Number</i>	<i>Death-rate per 1,000 Total Births</i>
Deaths arising from Pregnancy, Childbirth, or Abortion	1	0·20

<i>Deaths from various causes:—</i>	<i>Number</i>	<i>Death-rate per 1,000 population</i>
Meningococcal infections	..	—
Typhoid fever	..	—
Measles	..	0·004
Scarlet fever	..	—
Whooping cough	..	—
Diphtheria	..	—
Tuberculosis of respiratory system	..	0·07
Other forms of tuberculosis	..	0·008
Cancer, all forms, including leukaemia	..	2·12
Influenza	..	—
Acute poliomyelitis	..	—
Enteritis and diarrhoea (under 2 years)	..	0·02

II—AREA AND POPULATION

The area of Cardiff (land and inland water but excluding foreshore) is 15,271 acres.

According to the Census of 1961, the population of Cardiff was 256,270 (males 123,384, females 132,886).

The population at mid-1965, as estimated by the Registrar-General, was 260,170 and it is on this figure that the vital statistics for 1965 are computed.

III—BIRTHS

The numbers of Births and Still-births registered and allocated to Cardiff during 1965 sub-divided according to sex and legitimacy, are shown in Table I.

Live-births and crude rates per 1,000 population are compared with the England and Wales figures for the past ten years in Table II.

Still-birth statistics and illegitimate birth figures are shown in Tables III and IV respectively.

Table I Live Births

	Legitimate	Illegitimate	Total
Males	2,298	241	2,539
Females	2,141	195	2,336
TOTAL	4,439	436	4,875

Still Births

	Legitimate	Illegitimate	Total
Males	29	4	33
Females	38	6	44
TOTAL	67	10	77

Table II Live Births

Year	Population	Legitimate Births	Illegitimate Births	Total	Birth Rate	England & Wales Birth Rate
1955 ...	248,400	3,985	202	4,187	16·85	15·0
1956 ...	249,800	4,251	216	4,467	17·88	15·7
1957 ...	251,300	4,361	234	4,595	18·28	16·6
1958 ...	253,300	4,347	230	4,577	18·07	16·4
1959 ...	254,200	4,321	219	4,540	17·86	16·5
1960 ...	255,470	4,592	242	4,834	18·92	17·1
1961 ...	256,900	4,652	316	4,968	19·34	17·4
1962 ...	260,160	4,613	366	4,979	19·14	18·0
1963 ...	260,640	4,863	395	5,258	20·17	18·2
1964 ...	260,340	4,635	441	5,076	19·50	18·4
1965 ...	260,170	4,439	436	4,875	18·74	18·0

Table III

Still Births

Year	Legitimate	Illegitimate	Total	Rate per 1,000 total births	
				Cardiff	England & Wales
1955	122	8	130	30	23
1956	113	5	118	25·7	23
1957	93	7	100	21·3	22·6
1958	92	6	98	20·9	21·6
1959	97	13	110	23·6	20·7
1960	99	7	106	21·46	19·7
1961	91	9	100	19·73	18·7
1962	89	8	97	19·11	18·1
1963	74	11	85	15·91	17·3
1964	87	3	90	17·42	16·3
1965	67	10	77	15·55	15·7

Table IV

Illegitimate Births

Year	Live	Still	Total	Rate per 1,000 total births	
				Cardiff	
1955	202	8	210	48	
1956	216	5	221	48	
1957	234	7	241	51	
1958	230	6	236	50	
1959	219	13	232	49·8	
1960	242	7	249	50·4	
1961	316	9	325	64·1	
1962	366	8	374	73·7	
1963	395	11	406	75·99	
1964	441	3	444	85·95	
1965	436	10	446	90·01	

IV—DEATHS

Deaths from all Causes.—The total number of deaths from all causes and at all ages registered during the year and allocated to Cardiff was 2,811 (males 1,541 and 1,270 females). The total number of deaths registered in Cardiff was 2,897 but 576 of these were deaths of non-residents which occurred mainly in hospitals and nursing homes, and 490 deaths of residents of Cardiff occurred and were registered in other areas. Allowance has been made for these outward and inward transferable deaths in arriving at the net number.

The following is a comparison of the death-rate for 1965 and the preceding ten years with the death-rates for England and Wales for the same period.

Year	Deaths	Crude Death Rate	England and Wales Death Rate
1955	2,830	11·39	11·7
1956	2,809	11·24	11·7
1957	2,798	11·13	11·5
1958	2,777	10·96	11·7
1959	2,727	10·73	11·6
1960	2,810	10·99	11·5
1961	2,946	11·47	12·0
1962	2,991	11·50	11·9
1963	3,040	11·66	12·2
1964	2,800	10·76	11·3
1965	2,811	10·80	11·5

Cancer.—The number of deaths from malignant neoplasms including 16 deaths from leukaemia and aleukaemia was 551 (341 males and 210 females). The deaths are classified according to age and localisation of the disease in the Table on page 6. The total cancer deaths excluding leukaemia and aleukaemia for the previous ten years are shown below.

Year	No. of Deaths			Death Rates		
	Males	Females	Total	Males (Estimated)	Females (Estimated)	Total
1955	270	228	498	2.27	1.76	2.00
1956	277	233	510	2.31	1.79	2.04
1957	279	193	472	2.32	1.47	1.88
1958	243	242	485	2.02	1.83	1.91
1959	277	220	497	2.21	1.71	1.95
1960	269	220	489	2.24	1.62	1.91
1961	266	255	521	2.15	1.91	2.02
1962	296	253	549	2.36	1.88	2.11
1963	328	252	580	2.61	1.86	2.23
1964	282	228	510	2.25	1.69	1.96
1965	330	205	535	2.63	1.52	2.06

Deaths from Motor Vehicle Accidents.—The number of deaths due to road traffic accidents in the year was 47 (36 males and 11 females) as compared with 30 deaths during 1964. The average for the preceding ten years (1955-64) was 31.

Other Accidents.—Other accidents total 59 (38 males and 21 females) and of that number 36 were under 65 years of age; 27 of them being under 45 years.

Maternal Mortality.—There was one maternal death during the year, the cause of death being

1a, Pulmonary Embolus. 1b, Right ovarian vein thrombosis. 1c, Retracted labour (Died in hospital).

Infant Mortality.—The number of deaths under 1 year was 111 and of those 102 were legitimate and 9 illegitimate. There were 52 deaths of infants under 1 week and when the 77 stillbirths are added, the peri-natal mortality rate is 26.05. The neo-natal deaths numbering 63 being 56.8% of the total deaths.

The table below compares the infant mortality rate with the preceding 10 years and with the rates for England and Wales.

Year	Infant Deaths			Neo-natal Deaths			Still Births		
	No.	Rate per 1,000 Live Births		No.	Rate per 1,000 Live Births		No.	Rate per 1,000 Live Births	
		Cardiff	E. & W.		Cardiff	E. & W.		Cardiff	E. & W.
1955	139	33.21	24.9	81	19.1	17.3	130	30	23.1
1956	124	27.76	23.8	85	19.03	16.9	118	25.7	22.9
1957	104	22.85	22.9	78	16.97	16.5	100	21.3	22.4
1958	116	25.34	22.5	84	18.35	16.2	98	20.96	21.6
1959	111	24.45	22.0	80	17.62	15.8	110	23.65	20.7
1960	119	24.62	21.7	89	18.41	15.6	106	21.46	19.7
1961	120	24.15	21.4	77	15.49	15.5	100	19.73	18.7
1962	131	26.31	20.7	99	19.88	15.1	97	19.11	18.1
1963	130	24.72	20.9	92	17.49	14.2	85	15.91	17.3
1964	110	21.67	20.0	82	16.15	13.8	90	17.42	16.3
1965	111	22.77	19.0	63	12.92	13.0	77	15.79	15.7

The causes of death of infants under one year of age in age periods during 1965 (completed from figures supplied by the Registrar-General) are shown in the following table.

Causes of Death	Under 1 day	1-6 days	1 wk.	2 wks	3 wks	Total under 4 wks	1 mth.	2 mths.	3-5 mths.	6-8 mths.	9-11 mths.	Total All Ages
Measles ...	—	—	—	—	—	—	—	—	—	—	1	1
Other Infective and Parasitic Diseases	—	—	—	—	—	—	1	—	—	—	—	1
Haemorrhagic Conditions ...	—	4	—	—	—	4	—	—	—	—	—	4
Inflammatory Diseases of C.N.S.	—	—	1	1	—	2	1	—	—	—	—	3
Diseases of Ear and Mastoid Process ...	—	—	—	—	—	—	—	—	1	—	—	1
Pneumonia ...	—	—	—	—	—	—	4	6	9	4	1	24
Other Respiratory Diseases ...	—	1	—	—	—	1	—	—	—	—	—	1
Gastro-Enteritis ...	—	—	—	—	—	—	1	—	1	—	2	4
Monstrosity ...	2	—	—	—	—	2	—	—	—	—	—	2
Spina Bifida and Meningocele ...	1	—	1	—	1	3	—	1	1	—	—	5
Congenital Hydro- cephalus ...	1	—	—	—	—	1	—	—	—	—	—	1
Congenital Mal- formations of Heart ...	1	3	1	—	—	5	—	—	—	—	—	5
Congenital Mal- formations of Genito-Urinary System ...	—	—	—	—	—	—	—	1	1	—	—	2
Other Congenital Malformations ...	1	1	2	—	—	4	—	1	1	1	—	7
Injury at Birth ...	5	3	1	—	—	9	—	—	—	—	—	9
Postnatal Asphy- xia and Atelectasis	8	4	—	—	—	12	—	—	—	—	—	12
Pneumonia of New-born ...	—	4	1	1	—	6	—	—	—	—	—	6
Immaturity ...	10	1	—	—	1	12	1	—	1	—	—	14
Accident by fire or Hot Substances	—	—	—	—	—	—	—	—	—	1	—	1
Other Accidents	—	—	—	—	—	—	—	—	—	1	—	1
All other causes ...	1	1	—	—	—	2	2	2	—	1	—	7
Total all Causes	30	22	7	2	2	63	10	11	15	8	4	111
Percentages ...	27·0	19·9	6·3	1·8	1·8	56·8	9·0	9·9	13·5	7·2	3·6	100

The following table, compiled from figures supplied by the Registrar-General, shows the causes of death at various ages during 1965.

CAUSES OF DEATH	ALL AGES				Under 1 yr.	1-4 yrs.	5-14 yrs.	15-24 yrs.	25-34 yrs.	35-44 yrs.	45-54 yrs.	55-64 yrs.	65-74 yrs.	75 yrs. & up- wards
	M.	F.	Total											
1. Tuberculosis of Respiratory System	13	4	17	—	—	—	—	—	—	3	5	5	2	2
2. Other forms of Tuberculosis	2	—	2	—	—	—	—	—	—	—	—	—	1	1
3. Syphilitic Disease	1	3	4	—	—	—	—	—	—	—	—	—	4	—
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles	1	—	1	1	—	—	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic Diseases	2	4	6	1	1	—	—	—	—	—	—	1	—	3
10. Malignant Neoplasm, Stomach	45	24	69	—	—	—	—	—	—	1	3	16	29	20
11. Malignant Neoplasm, Lung, Bronchus	142	14	156	—	—	—	—	—	—	2	13	53	68	20
12. Malignant Neoplasm, Breast	1	41	42	—	—	—	—	1	3	3	6	11	12	9
13. Malignant Neoplasm, Uterus	—	27	27	—	—	—	—	—	1	1	5	8	4	9
14. Other Malignant and Lymphatic Neoplasm	142	99	241	—	—	3	3	1	7	23	68	69	6	69
15. Leukaemia, Aleukaemia	11	5	16	—	2	1	2	—	—	—	—	4	6	1
16. Diabetes	7	13	20	—	—	—	—	—	—	—	1	3	4	12
17. Vascular Lesions of the Nervous System	135	182	317	—	1	—	1	2	2	2	12	34	93	172
18. Coronary Disease, Angina	402	290	692	—	—	—	—	1	15	47	141	199	289	289
19. Hypertension with Heart Disease	40	39	79	—	—	—	—	—	2	4	13	31	31	29
20. Other Heart Diseases	72	123	195	1	—	1	1	—	1	4	9	19	35	124
21. Other Circulatory Diseases	49	48	97	—	—	—	—	—	—	2	6	13	26	50
22. Influenza	—	—	—	—	—	—	—	—	—	—	—	—	—	121
23. Pneumonia	102	109	211	30	1	1	1	—	1	1	5	10	41	121
24. Bronchitis	124	33	157	—	—	1	—	—	1	1	7	39	51	58
25. Other Respiratory Diseases	8	3	11	1	—	—	—	—	—	—	1	2	6	1
26. Ulceration of the Stomach or Duodenum	16	7	23	—	—	—	—	—	—	—	1	4	12	6
27. Gastritis, Enteritis, Diarrhoea	1	10	11	4	1	—	—	—	—	—	2	1	1	3
28. Nephritis and Nephrosis	4	6	10	—	—	—	—	—	—	—	1	2	3	3
29. Hyperplasia of the Prostate	10	—	10	—	—	—	—	—	—	—	1	—	1	9
30. Pregnancy, Childbirth	—	1	1	—	—	—	—	—	—	1	—	—	—	1
31. Congenital Malformations	15	15	30	22	2	1	1	2	1	1	—	—	—	1
32. Other Defined and Ill-defined Diseases	108	123	231	49	3	4	3	4	4	11	12	27	37	81
33. Motor Vehicle Accidents	36	11	47	—	3	1	16	3	3	4	5	3	3	9
34. All Other Accidents	38	21	59	2	6	9	1	3	6	7	7	2	3	20
35. Suicide	11	14	25	—	—	—	—	—	—	—	6	3	8	3
36. Homicide and Operations of War	3	1	4	—	—	—	—	—	—	1	2	—	—	1
ALL CAUSES	1,541	1,270	2,811	111	21	19	32	20	68	183	482	749	1,126	1,126
Percentage of Total Deaths				4.0	0.8	0.7	1.1	0.7	2.4	6.5	17.1	26.6	40.1	40.1

V—INFECTIOUS DISEASES

W. M. SUTCLIFFE, M.B., Ch.B., D.P.H., D.I.H.

The incidence of notifiable diseases compared with that of the previous ten years is shown in the following table:—

Disease	1965	1964	1963	1962	1961	1960	1959	1958	1957	1956	1955
Scarlet fever ...	73	63	60	69	121	93	228	351	173	290	176
Acute rheumatism ...	14	9	3	4	13	16	15	—	—	—	—
Whooping cough ...	32	200	218	21	107	414	101	105	587	570	112
Diphtheria ...	—	—	—	—	—	—	—	—	—	1	—
Measles ...	1,322	1,682	3,594	1,028	6,238	137	3,609	980	4,816	122	6,869
Acute pneumonia ...	73	108	137	114	266	161	245	329	348	242	265
Meningococcal infection	—	7	4	2	1	3	2	6	7	7	14
Paralytic acute poliomyelitis ...	—	1	—	—	8	1	—	4	12	4	14
Non-paralytic acute poliomyelitis ...	—	—	—	2	8	2	2	2	1	13	24
Acute encephalitis (infective) ...	1	—	—	—	—	—	—	—	—	3	1
Acute encephalitis (post infectious) ...	—	—	1	—	—	—	—	—	—	2	2
Dysentery ...	355	33	97	207	77	139	1,084	639	23	115	296
Ophthalmia neonatorum ...	5	2	2	3	2	19	14	50	4	7	16
Puerperal pyrexia ...	2	8	13	35	82	31	17	57	51	174	111
Paratyphoid fever ...	2	—	6	—	2	1	4	—	—	1	8
Typhoid fever ...	—	—	2	2	—	1	—	—	—	—	1
Food poisoning ...	32*	46	52	46	56	163	56	38	13	27	47
Erysipelas ...	11	25	16	16	15	22	38	49	31	48	37
Malaria ...	2	—	—	—	1	1	4	—	1	1	3
Anthrax ...	—	—	—	—	—	—	—	—	—	—	—
Smallpox ...	—	—	—	1	—	—	—	—	—	—	—

(Note—Statistics relating to Tuberculosis are reported upon later in this section.)

*(Food poisoning: in addition, 179 cases were "otherwise ascertained")

Scarlet Fever

Seventy-three cases (33 males, 40 females) were notified. The majority of cases were mild and uncomplicated.

Acute rheumatism.—This is notifiable in certain areas, specified in the Acute Rheumatism Regulations 1953 to 1959. In the Acute Rheumatism (Amendment) Regulations, 1959, the Minister of Health extended the list of areas to include Cardiff as from 16th February, 1959.

The Regulations require that cases of acute rheumatism in persons under sixteen years of age shall be notified to the Medical Officer of Health.

The following table gives details of the fourteen cases notified during the year:—

Clinical Classification of Cases Notified	AGE IN YEARS								Total All Ages		Total Both Sexes
	0-4		5-9		10-14		15 over				
	M	F	M	F	M	F	M	F	M	F	
1. Rheumatism Pains and/or Arthritis without heart disease	—	—	—	—	—	—	—	—	—	—	—
2. Rheumatic Heart Disease (Active)											
(a) alone	—	—	—	1	—	—	—	—	—	1	1
(b) with polyarthritis	—	—	1	2	2	4	—	1	3	7	10
(c) with chorea	—	—	1	—	—	1	—	—	1	1	2
3. Rheumatic Heart Disease (Quiescent)	—	—	—	—	—	—	—	—	—	—	—
4. Rheumatic Chorea (Alone)	—	—	—	—	—	1	—	—	—	1	1
TOTAL Rheumatic Cases	—	—	2	3	2	6	—	1	4	10	14
5. Congenital Heart Disease	—	—	—	—	—	—	—	—	—	—	—
6. Other non-rheumatic Heart Disease or disorder	—	—	—	—	—	—	—	—	—	—	—
7. Not rheumatic or cardiac disease	—	—	—	—	—	—	—	—	—	—	—
TOTAL Non-rheumatic Cases	—	—	—	—	—	—	—	—	—	—	—

Whooping Cough

Thirty-two cases were notified (13 males, 19 females). The table shows a decline in the number of cases compared with previous years except for 1962. Below are shown the distribution of cases by age and sex since 1952.

Notifications of Whooping Cough by Age and Sex, 1952-65

Year	Under 1 year		1-2 years		2-3 years		3-4 years		4-5 years		5-10 years		10-15 years		15 yrs. & over		Total		Grand Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1952	25	30	21	25	36	35	36	25	28	29	58	54	1	2	1	2	206	202	408
1953	72	45	68	54	73	67	63	71	79	99	160	206	1	4	1	7	517	533	1,070
1954	25	33	25	19	34	38	22	36	31	36	77	85	1	2	—	3	215	252	467
1955	6	13	3	6	9	12	6	11	5	10	13	16	1	—	—	1	43	69	112
1956	30	41	16	15	30	28	33	35	41	40	122	121	6	9	—	3	278	292	570
1957	34	44	19	29	25	33	33	31	36	40	123	111	8	10	1	10	279	308	587
1958	10	9	6	9	2	10	6	7	9	5	10	20	1	—	—	1	44	61	105
1959	10	6	9	7	7	2	3	4	4	7	10	17	9	2	3	1	55	46	101
1960	22	29	29	19	18	20	23	22	18	27	73	91	11	5	4	3	198	216	414
1961	5	7	6	4	9	12	7	9	6	6	12	17	1	2	3	1	49	58	107
1962	—	3	1	4	2	1	1	2	—	—	2	3	1	—	1	—	8	13	21
1963	8	26	13	15	18	25	15	11	14	14	25	26	1	3	—	4	94	124	218
1964	20	20	9	13	21	9	8	12	8	17	26	23	7	5	1	1	100	100	200
1965	3	4	2	1	1	5	4	3	1	2	2	4	—	—	—	—	13	19	32

Of the cases notified nearly 22% were under one year of age. The table below shows the percentage of cases notified in each age group.

	Under 1 year	1-2 years	2-3 years	3-4 years	4-5 years	5-10 years	10 years and over
1965	21·9	9·4	18·7	21·9	9·4	18·7	—

Diphtheria.—There were no cases this year. The last case occurred in 1956.

Acute pneumonia.—The number of notified cases fell to seventy-three (37 males, 36 females). Deaths cannot be correlated to notifications because the Registrar General's heading "Pneumonia" covers deaths from all types of pneumonia.

Meningococcal infection.—There were no cases notified this year.

Acute poliomyelitis.—There were no cases notified this year.

Measles.—Although this was an "epidemic" year, the number of notified cases—1,322—was less than in 1964 when there were 1,682 cases.

The quarterly totals were:—

Quarter ending 31st March	..	258
30th June	..	255
30th September		393
31st December	..	416
		<hr/>
		1322
		<hr/>

There was one death from measles. The patient was a two-year-old boy. He was admitted to Lansdowne Hospital in June, 1965.

One child (male aged 9 months) died at home from acute broncho-pneumonia due to measles.

Acute encephalitis.—One case of acute encephalitis (infective) was notified. The patient, a female aged five and a half years, was treated in Llandough Hospital.

Dysentery.—Three hundred and fifty-five cases were notified (181 males and 174 females). This is the highest number of cases since the outbreak of 1958-59. The cases were investigated and all steps possible were taken to reduce the risk of the spread of infection, particularly where the employment of cases or contact constituted a special risk. In addition several expectant mothers were found to be suffering from the infection and were delivered at the Lansdowne Hospital to avoid the risk of causing outbreaks at local maternity hospitals.

The distribution of cases by age group was:—

Under 5 years	..	115
5-15 years	..	109
Over 15 years		131
		<hr/>
		355
		<hr/>

Apart from outbreaks occurring in children's homes the cases were distributed throughout the city and there was no grouping of cases of special significance. Where laboratory reports confirmed the clinical diagnosis the causative organism was *shigella sonnei*. In most cases the course of the illness was mild and mainly of nuisance value.

The quarterly distribution of cases was as follows:—

Quarter ended 31st March	..	103
30th June	..	134
30th September	..	70
31st December	..	48
		<hr/>
		355
		<hr/>

Ophthalmia neonatorum.—Five cases (1 male, 4 females) were notified.

Puerperal pyrexia.—Two cases were notified.

Enteric fever.—Two cases of paratyphoid fever occurred during the year. They were both children of the same family and their mother is a known paratyphoid carrier since 1951. She has four children and until this year none of them (or her husband) had become infected. In February, 1965, her three-months-old son became ill and when admitted to the Lansdowne Hospital was found to have paratyphoid fever. As with the mother, the phage type was 3a. The child recovered but continued to excrete the organism in spite of treatment with four different antibiotics. He was therefore discharged home on 10th March, 1965.

In May his six-year-old sister became infected and was admitted to the Lansdowne Hospital. It seems likely that the little girl became infected via her new baby brother. She also recovered from her illness and, like her brother, continued to excrete the organism. In July, 1965, she was discharged, still excreting. There were now three carriers in the one household.

The family was kept under supervision. Neither the husband or the two other children became infected: in September a sequence of six negative swabs had been obtained from the six-year-old girl and eventually in December her brother also ceased excreting. The mother, however, is still a carrier, and cholecystectomy is under consideration.

No cases of typhoid fever occurred during the year.

Food poisoning.—There were thirty-two notified cases but cases "otherwise ascertained" brought the total to 211. The abnormally high number of cases "otherwise ascertained" is due to one outbreak of food poisoning in which 175 school children and school staff were involved.

Details of incidents and cases are given in the following table in the form prescribed by the Welsh Board of Health.

Food Poisoning—Incidents and Cases

Causative Agent	General Outbreaks		Family Outbreaks		Sporadic Cases Notified or ascertained	Total No. of outbreaks and sporadic cases	Total No. of cases
	No. of separate outbreaks	No. of cases notified or ascertained	No. of separate outbreaks	No. of cases notified or ascertained			
1. <i>S. typhimurium</i> ...	—	—	—	—	3	3	3
2. Other <i>Salmonellae</i> (a) ...	—	—	3	8	5	8	13
3. <i>Cl. welchii</i> ...	—	—	—	—	—	—	—
4. <i>Staph. aureus</i> ...	1	175	—	—	—	1	175
5. Other causes (b) ...	—	—	—	—	—	—	—
6. Cause Unknown	—	—	2	5	15	17	20
7. Total ...	1	175	5	13	23	29	211

Food Poisoning due to *Salmonellae* other than *S. typhimurium*

<i>S. stanley</i> ...	—	—	3	8	3	6	11
<i>S. tennessee</i> ...	—	—	—	—	1	1	1
<i>S. bredeney</i> ...	—	—	—	—	1	1	1

Staphylococcal food poisoning

An outbreak of food poisoning at Rumney schools.—On the evening of the 8th July, 1965, medical practitioners in the Rumney area of Cardiff reported a flood of calls from parents of school children suffering from acute food poisoning.

Times of onset were subsequently found to be spread from 3.30 p.m. to 4.30 p.m. on 8th July, with occasional cases some hours later.

The ingestion-onset periods fell between two and five hours from the suspected meal—the school lunch prepared in the kitchen “A” and consumed that day (8th July) between 12 noon and 1.30 p.m. at all the affected schools.

A total of 172 school children, 2 teachers and 1 kitchen assistant (from 4 schools) are known to have been affected by the illness:

	Meals prepared	Ill in school	Ill after school	Total ill
School A.				
1st sitting } 198		8	28	36
2nd sitting } 27			37	64
School B. ... 79		2	25	27
School C. ... 73		4	30	34
School D. ... 103		2	9	11
School Staff ... 8		—	—	—
Teaching Staff ... 8		—	2	2
Kitchen Staff ... 11		—	1	1
	480	43	132	175

Symptoms were typically those of staphylococcal toxin poisoning, viz., sudden nausea, severe and frequent vomiting, abdominal pain and not-so-severe diarrhoea and prostration.

The illness was at least moderately severe in the initial stages (in all the cases): though most children were able to journey home at the end of the afternoon, many were detained in school until 6 p.m. One child was in a state of complete collapse and was removed to hospital and treated as an emergency case. About a half of the children were sufficiently unwell to be absent from school next day. All except a few were back in school on Monday, 12th July.

The epidemiological pattern suggested that the outbreak was caused by a staphylococcal enterotoxin. It is a standard practice in the Cardiff school meals service to keep a refrigerated specimen of all meals served for a minimum period of twenty-four hours so that it was possible to submit for laboratory examination various constituents of the suspect meal.

The midday meal at the affected schools on the 8th July, consisted of:—

Roast lamb, mint sauce, cabbage, boiled potatoes and peas (dried); trifle.

The trifle fell under suspicion, having regard to its nature and the method of its preparation.

The trifle was eaten between noon and 1.30 p.m. on 8th July, i.e., twenty-two to twenty-three hours after all the essential ingredients (including custard) had been brought together. During this time, the trifle, in eighteen aluminium trays remained overnight in the serving area of the kitchen at ambient temperature. Six of the trays were sent to two schools (B and C) in insulated containers at 11.15 a.m. on 8th July. The remainder were eaten by pupils of schools A and D at the dining room attached to the kitchen of school A.

Five food handlers in the school kitchen were examined on 9th July, the morning after the outbreak. All five had some uncovered skin blemish on hands and arms, including damaged cuticles, broken blister, minor cuts, cracked skin, burns, thorn perforation. In addition, one food handler had a fairly extensive (but uncovered) rash on forearms and wrists which was being treated by the family doctor. Another food handler was wearing a bandage and cloth finger-stall covering a cut finger with surgical stitches still in situ.

Hand and nose swabs were submitted to the Public Health Laboratory service. Preliminary reports were to the effect that a coagulase-positive staphylococcus aureus had been isolated from the trifle and from two of the food handlers. Final reports showed the meat and gravy were also contaminated. A further three food handlers were shown to be carriers of staphylococci. The phage-types however enabled the first two food handlers and one of the remainder to be eliminated as suspects. A detailed examination of the roles played in the preparation of the meal suggested that one of the remaining two food handlers was the most likely source of the organism responsible for the outbreak.

Although the meat and gravy were also contaminated the consumption pattern of the persons affected by the illness pointed to the fact that it was the trifle which was the vehicle of infection.

It seems highly likely that the outbreak would not have occurred if the trifle had not been made the day before consumption and kept overnight at room temperature. Steps have now been taken to ensure that this method of food preparation does not occur in the future.

Almost all the food handlers in the school kitchen had skin imperfections on their hands. Many of these were minor cuts and scratches which, nevertheless, could be the source of food poisoning organisms. None of the skin breaks were adequately covered by waterproof dressings. Many food handlers seem to be insufficiently aware of the importance of covering all skin breaks with such a dressing no matter how trivial the damage to the skin appears. Hand hygiene is probably the most single important factor in the clean preparation of food.

Salmonella food poisoning.—There were eleven cases of food poisoning due to salmonella Stanley. A large number of cases also occurred in the areas of surrounding local authorities. These infections were undoubtedly of animal origin as this organism has been isolated from local abattoirs.

Erysipelas.—Eleven cases (7 males, 4 females) were notified. It is not known if any deaths occurred from this disease as they are not classified separately in the Registrar General's return.

Malaria.—Two cases, both male, were notified. The first case in April, 1965, was a thirty-year-old male who had returned from Africa in December, 1964, and who had had previous attacks. The other case in November was a nineteen-year-old student who returned to this country in July, 1965, after teaching in Africa for a year. Both were treated in the Lansdowne Hospital.

Anthrax.—This disease was made notifiable by the Public Health (Infectious Diseases) Amendment Regulations, 1960. No cases have yet been notified in the City.

Smallpox.—No cases occurred during the year. As a result of notifications received from Port Medical Officers in accordance with the Public Health (Aircraft) Regulations 1952/63 and the Public Health (Ships) (Amendment) Regulations 1963, a total of seventy-seven persons were placed under surveillance.

Leprosy.—A patient (male, age 34 years) who left a Cardiff Hospital in 1964 to receive treatment in another part of the country, returned here to live in December, 1965. Arrangements were made to keep the patient under surveillance during his out-patient treatment at a Cardiff Hospital.

CLASSIFICATION BY AGE AND SEX OF INFECTIOUS DISEASES FOR 1965

Diseases	Under 1 year		1-2 years		2-3 years		3-4 years		4-5 years		5-10 years		10-15 years		15-20 years		20-25 years		25-35 years		35-45 years		45-65 years and over		65 years and over		All ages		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Total
Scarlet fever	1	1	2	—	1	3	2	4	5	11	19	19	3	—	—	2	—	—	—	—	—	—	—	—	—	—	33	40	73
Whooping cough	3	4	2	1	1	5	4	3	1	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	13	19	32
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0	0	0
Measles	25	38	80	74	90	94	111	112	108	119	231	221	10	9	—	—	—	—	—	—	—	—	—	—	—	—	655	667	1322
Acute pneumonia	1	—	3	1	—	3	—	—	1	2	5	8	2	5	2	—	1	2	—	1	15	5	5	11	37	36	73	—	0
Meningococcal infection	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0
Paralytic acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0
Non-paralytic acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0
Acute encephalitis infective	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Acute encephalitis post infectious	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0
Dysentery	5	7	19	5	16	12	12	7	16	10	33	42	21	19	7	19	6	14	16	15	12	13	18	9	—	2181	174	355	—
Ophthalmia neonatorum	1	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	4	5
Puerperal pyrexia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	2	2
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0
Para-typhoid fever	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Enteric or typhoid (ex. paratyphoid)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0
Erysipelas	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	2	3	7	4	11
Food poisoning	—	—	—	—	—	—	—	—	—	—	2	1	2	—	4	—	1	1	1	2	4	—	1	5	2	—	21	11	32
Typhus fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0
Acute rheumatism	—	—	—	—	—	—	—	—	—	—	3	3	—	8	—	—	—	—	—	—	—	—	—	—	—	—	3	11	14
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	2	—	2
Anthrax	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0

(Note:—Statistics relating to Tuberculosis appear later in this section.)

Venereal Diseases.—The tables below show the numbers, age and sex of persons attending for treatment and investigation of venereal disease.

Compared with 1964 there was a rise in the total number of cases of syphilis. The number of males with syphilis nearly doubled.

There was a marked fall in the number of cases of gonorrhoea in males whilst the female incidence also fell somewhat.

It is noteworthy that 9 girls and 1 boy sixteen years or younger were found to have gonorrhoea. Nearly 74 per cent of female gonorrhoea occurred in women under twenty-five years (the previous year the corresponding figure was 61 per cent.) whilst in males forty-five per cent. of those with gonorrhoea were under twenty-five years of age (the previous year this figure was thirty-six per cent.). These findings reflect national findings.

V.D. Treatment	1965			1964		
	Male	Female	Total	Male	Female	Total
NEW CASES						
Syphilis only ...	27	17	44	22	8	30
Soft Chancres only ...	—	—	—	9	—	9
Gonorrhoea only ...	141	80	221	304	78	382
Multiple infections ...	—	—	—	13	—	13
Other Conditions						
(a) Requiring treatment	387	254	641	368	216	584
(b) Not requiring treatment ...	180	65	245	251	94	345
(c) Not yet diagnosed ...	3	2	5	1	17	18
TOTAL ...	738	418	1,156	968	413	1,381
TOTAL ATTENDANCES ...	3,592	1,819	5,411	4,667	1,935	6,602
IN-PATIENT DAYS IN HOSPITAL ...	286	228	514	309	100	409

Age Groups	1965			1964		
	Male	Female	Total	Male	Female	Total
(a) SYPHILIS						
Under 14 years ...	—	—	—	—	—	—
15 – 16 years ...	—	—	—	—	—	—
17 – 18 years ...	—	—	—	—	—	—
19 – 20 years ...	—	2	2	—	2	2
20 – 24 years ...	—	—	—	—	—	—
Over 25 years ...	27	15	42	14	14	28
	27	17	44	14	16	30
(b) GONORRHOEA						
Under 15 years ...	—	3	3	—	5	5
15 – 16 years ...	1	6	7	—	4	4
17 – 18 years ...	4	11	15	12	5	17
19 – 20 years ...	13	16	29	25	20	45
20 – 24 years ...	46	23	69	58	26	84
Over 25 years ...	77	21	98	171	56	227
	141	80	221	266	116	382
(c) OTHER CONDITIONS						
Under 15 years ...	—	8	8	2	16	18
16 – 17 years ...	11	31	42	25	29	54
18 – 19 years ...	81	38	119	61	68	129
20 – 24 years ...	201	112	313	163	120	283
Over 25 years ...	277	132	409	314	171	485
	570	321	891	565	404	969

Tuberculosis.**Table I****Giving Annual Number of Deaths from Pulmonary Tuberculosis in age groups**

Age Groups	Number of Deaths Annually from Pulmonary Tuberculosis	
	1964	1965
0 – 14 years	—	—
15 – 24 years	—	—
25 – 34 years	—	—
35 – 44 years	2 (2)	3 (1)
45 – 54 years	—	5
55 – 64 years	4 (1)	5 (1)
65 years and over ...	5	4 (2)
TOTAL	11 (3)	17 (4)

The numbers in brackets refer to the number of female deaths during 1965.

Deaths from tuberculosis rose during 1965 to 17—the same figure as for 1963. The age distribution and sex is given in Table I which also shows the experience of previous years.

Table II**Giving the Number of New Cases of Tuberculosis during 1965 by Age and Sex**

				Pulmonary			Non-Pulmonary		
				Males	Females	Total	Males	Females	Total
Under 1 year				—	—	—	—	—	—
1 year				—	—	—	—	—	—
2 – 4 years				—	—	—	—	1	1
5 – 9 years				—	1	1	—	1	1
10 – 14 years				1	—	1	—	1	1
15 – 19 years				2	2	4	—	—	—
20 – 24 years				2	3	5	—	1	1
25 – 34 years				6	4	10	1	3	4
35 – 44 years				8	8	16	1	6	7
45 – 54 years				17	—	17	—	—	—
55 – 64 years				8	3	11	—	1	1
65 – 74 years				3	2	5	1*	2	3
75 years and over ...				2	1	3	—	—	—
TOTAL				49	24	73	3	16	19

*Includes one non-pulmonary put on register after death.

There was an encouraging fall in the number of new cases of pulmonary tuberculosis notified during the year. It is especially pleasing to note the fall in the number of cases in children below 10 years of age. Quite marked too is the drop in the number of males affected. Again a warning against complacency is necessary: indeed, as the disease becomes less common even greater efforts than before are necessary to find each new case.

There were 4 more cases of non-pulmonary tuberculosis this year compared with 1964, all were females. Table III below shows the site of disease and the distribution by sex:—

Table III

New Cases of Non-Pulmonary Tuberculosis—Localization and Sex

	Males	Females	Total
Nervous System ...	—	1	1
Meningitis ...	—	—	—
Intestines and Peritoneum ...	1	—	1
Vertebral Column ...	—	—	—
Bones and Joints ...	1	—	1
Cervical Glands ...	—	11	11
Other organs ... (including Skin)	—	1	1
Disseminated Tuberculosis ...	—	—	—
Genito-urinary ...	1	3	4

Table IV below compares the years 1963-65 with regard to new cases of tuberculosis and cases on the register at 31st December, 1965.

Only 36 cases were removed from the Register as “recovered” during the year (compared with 61 last year and 187 in 1963), to be replaced by 92 new cases. For other reasons however, the total fell to 2,915 (pulmonary and non-pulmonary) compared with 2,941 last year.

Table IV

Giving number of New cases of Tuberculosis and number on register during recent years

	1963	1964	1965
Number of New Notifications of Pulmonary Tuberculosis ...	95	100	73
Number of New Notifications of Non-Pulmonary Tuberculosis ...	13	14	19
Number of Pulmonary Tuberculosis Cases on the register at end of the year	2,683	2,645	2,605
Number of Non-Pulmonary Tuberculosis Cases on the register at end of the year	293	296	310

Table V

**Giving the number of cases of Tuberculosis on the Register in Cardiff
on the 31st December, 1964 and 1965**

	Pulmonary Tuberculosis			Non-Pulmonary Tuberculosis		
	Males	Females	Total	Males	Females	Total
Number of Cases on the register 31st December, 1964	1,501	1,144	2,645	134	162	296
Number removed during 1965 through Deaths from all causes	31	6	37	1	0	1
Number no longer traceable ...	6	6	12	0	0	0
Number removed during 1965 through leaving Cardiff to live elsewhere	16	9	25	0	1	1
Number removed during 1965 as "Recovery" Cases	19	14	33	1	2	3
Number of Newly Notified Cases during 1965	49	24	73	3	16	19
Number of known Cases who came from outside to live in Cardiff	8	4	12	—	—	—
Number of Cases on the register 31st December, 1965	1,468	1,137	2,605	135	175	310

Tuberculin Testing

The scheme of annual skin testing of Cardiff school children continued during 1965. The table below summarizes the results of this testing:—

Age	Total No. Tested	% Unvacc.	% of Unvaccinated Children found to be:—			No. of Children Converting to:—	
			Tuberculin Neg.	Weak Reactors (Heaf I or II)	Strong Reactors (Heaf III or IV)	Weak Reactions	Strong Reactions
5	3998	82	98.5	1.5	—	9	—
6	3596	79	98	2	—	22	—
7	4323	84	97.4	2.6	—	25	1
8	3670	87	96.6	3.3	0.1	33	—
9	3621	88	95.8	4	0.2	34	1
10	3724	87	96	3.8	0.2	33	—
11	3624	87	95.5	4	0.5	34	—
12	3620	88	94.7	4.5	0.8	47	2
13	3759	53	93	6	1.0	13	—
14	3508	21	81.5	16	2.5	17	—
15	2721	16	42	28	30	17	1
16	1801	10	45	25	30	2	—

Percentage of 13 year olds positive—7%.

Five children converted from negative to strong positive (Heaf grade 3 or 4) during the course of the year. Three of these were recalled for treatment by the chest physician. Two remained under observation. Some 67 individuals (40 adults and 27 children) were investigated as contacts but no cases of tuberculosis were discovered.

Three schoolchildren were notified during the year. None came to light via the tuberculin testing scheme. Two were contacts of known cases, the third was an immigrant (see below).

BCG Vaccination

The work of BCG Vaccination carried out as part of the vaccination and immunisation programme is reported upon in full in the section relating to vaccination and immunisation.

Immigrants 1965

During the year, the Department was notified of the arrival into the area of 120 immigrants (53 from the Commonwealth, 65 from Europe, and 2 from other countries). A visit was paid to every new arrival and attendance for chest X-ray urged, but it was only possible to X-ray 98 of these.

One case of tuberculosis was found: this was an immigrant from India.

Country of Origin	Number of Advice Notes received	Number X-rayed	Number found to have Pulmonary Tuberculosis
COMMONWEALTH			
Caribbean	20	18	—
India	10	5	1
Pakistan	7	5	—
Other Asian	10	10	—
African	1	1	—
Others	5	5	—
NON-COMMONWEALTH			
European	65	54	—
Others	2	—	—
TOTAL	120	98	1

VI—PERSONAL HEALTH SERVICES

(National Health Service Acts, 1946–61)

CARE OF MOTHERS AND YOUNG CHILDREN

Vital Statistics

Live births (registered)	.. .. .	4,875
Live birth rate per 1,000 population	.. .. .	18.74
Illegitimate live births per cent of total live births	.. .. .	8.94
Still births (registered)	.. .. .	77
Still birth rate per 1,000 total live and still births	.. .. .	15.55
Total live and still births	.. .. .	4,952
Infant deaths	.. .. .	111
Infant mortality rate per 1,000 live births—total	.. .. .	22.77
Infant mortality rate per 1,000 live births—legitimate	.. .. .	22.98
Infant mortality rate per 1,000 live births—illegitimate	.. .. .	20.64
Neo-natal mortality rate per 1,000 live births	.. .. .	12.92
Early neo-natal mortality rate per 1,000 live births	.. .. .	10.66
Peri-natal mortality rate	.. .. .	26.65
Maternal mortality (including abortion):		
Number of deaths	.. .. .	1
Rate per 1,000 total live and still births	.. .. .	0.20

Live births and Still births—Sources of Notification

The following statement shows the number of live births notified as having occurred in Cardiff during 1965 according to the source of notification:—

<i>Notified by:—</i>	<i>Live Births</i>	<i>Still Births</i>	<i>Total</i>
Municipal Midwives	946	2	948
General Practitioner Delivery Unit	147	—	147
Private Midwives (Domiciliary) ..	—	—	—
Private Midwives (Nursing Homes)	308	2	310
Parents or Doctors	4	2	6
Maternity Hospitals:—			
(a) Cardiff Maternity Hospital ..	2,617	48	2,665
(b) St. David's Hospital	2,411	56	2,467
	<u>6,433</u>	<u>110</u>	<u>6,543</u>

Notifications in respect of children born to residents of other Authorities were as shown:—

<i>Notified by:—</i>	<i>Live Births</i>	<i>Still Births</i>	<i>Total</i>
Municipal Midwives	1	—	1
Private Midwives (Domiciliary) ..	—	—	—
Private Midwives (Nursing Homes)	191	1	192
Parents	—	—	—
Maternity Hospitals:—			
(a) Cardiff Maternity Hospital ..	609	13	622
(b) St. David's Hospital	708	21	729
	<u>1,509</u>	<u>35</u>	<u>1,544</u>

Transferred notifications of Cardiff cases were 43. Thus, after allowing for all transferred notifications, the number of Cardiff births notified was 5,042 and this figure was made up as follows:—

				<i>Live Births</i>	<i>Still Births</i>	<i>Total</i>
Domiciliary ..	..	..	..	1,107	4	1,111
Institutional ..	..	..	..	3,860	71	3,931
						<hr/> 5,042 <hr/>

CARE OF MOTHERS AND YOUNG CHILDREN

F. MARIE RICHARDS, B.Sc., M.B., B.Ch., D.Obs.R.C.O.G., D.C.H.

Senior Medical Officer

A. CARE OF EXPECTANT MOTHERS

In 1965 there was a slight fall in the birth rate in Cardiff and the rate of 18.74/1,000 live births in Cardiff was the lowest since 1960. One maternal death occurred in 1965. The cause was pulmonary embolus due to right ovarian vein thrombosis and protracted labour.

Ante-Natal Care

During 1965 78% of births in Cardiff took place in hospital and maternal ante-natal care was shared between the hospitals, general practitioners and the local health authority. The number of local authority ante-natal clinic sessions at which a medical officer was present was 649 and the average attendance at each was 10 expectant mothers. These were usually patients attending an ante-natal clinic for the first time and those referred from the domiciliary midwives' clinics for routine blood tests.

In four practices in Cardiff domiciliary midwives were in attendance at general practitioners' ante-natal clinics at their surgeries and three practices in the City used the facilities of the local authority health clinics where general practitioners worked alongside the district midwives. Whenever possible this procedure has been encouraged.

The health visitor continued to play an important role in following up defaulters from ante-natal clinics in Cardiff and a good liaison has been built up between hospital departments and the local authority.

Short Stay Delivery Unit at St. David's Hospital

This Unit was officially opened in May, 1965, but was in operation for eight months prior to this.

During 1965 147 births took place there. This figure represented only 50% of patients booked for delivery in the Unit and cases were subsequently not admitted for the following reasons:—

1. Complication of pregnancy	16.6%	} Patients delivered in Maternity Departments in Cardiff Hospitals
2. Complication of labour	5.8%	
3. Social complications	4.3%	
4. Patients delivered at home (Too far advanced in labour for transfer)	40.5%	
5. Patients delivered elsewhere (Bookings cancelled)	31.1%	
6. Patients not pregnant	1.7%	

The early difficulties encountered by midwives in the transfer of patients to the Unit in good time for delivery have now been overcome.

The popularity of the Unit is growing and ante-natal patients booked for the Unit are given an opportunity of seeing it as part of ante-natal preparation for labour.

In general it can be said that labour is conducted without complication and without delay.

Both midwives and general practitioners have expressed satisfaction with the facilities offered at the Unit and the patients have universally praised the arrangements.

The progress of this venture is still being followed with care by the Steering Committee which is also responsible for a controlled trial of the Unit involving the follow-up of four groups of mothers, one booked for the Unit, one for 48-hours in hospital, another for a full 10 day stay in hospital and the last group booked for delivery at home. Many visitors from the medical and nursing professions and from the Councils of other L.A.'s came to Cardiff to see the Unit during 1965.

Mothercraft and Relaxation

As adjuncts to routine ante-natal care, mothercraft and relaxation classes have been given regularly and have been well received by patients. The service has been varied to suit the needs of the area but in the main it has been reserved for primagravidae booked for domiciliary delivery.

The classes are preceded by short talks or demonstrations related to pregnancy and labour, mental health and mothercraft and are given by appropriate members of the Staff. Films and film strips have been found useful and the former have been shown to groups of prospective parents who have entered into lively discussion.

During the year we lost the services of the full-time physiotherapist, trained in the method of psychoprophylaxis and, with a reduction in the number of women being delivered at home, she has been replaced by a part-time physiotherapist who, with several of the midwives, specially interested in this work, are providing a satisfactory service. During the year 369 patients attended.

Care of the Unmarried Mother and her Child

During 1965 there were 342 notified illegitimate births to Cardiff residents.

As a result of the work done by the health visitor appointed to help and give guidance to unmarried mothers, the following facts emerged about the social problems involved. The health visitor was specially involved with 55 unmarried mothers before the birth of the child and followed up 89 after the baby was born. It was reported that in five instances there was a problem related to the accommodation of mother and child.

The only authorised Mother and Baby Home in Cardiff is "Northlands" Salvation Army Home but the Committee of the Llandaff Diocesan Association for Moral Welfare Work is giving up its Home in Penarth and proposes to open a new one in Cardiff probably in the Autumn of 1966. Extensive use is also made of the Home provided by the Convent of the Good Shepherd at Chepstow.

In 1965 the Authority accepted financial responsibility for 25 unmarried mothers.

There would appear to be a need for limited accommodation and day nursery facilities for a small proportion of unmarried mothers and babies and increased co-operation between all the agencies concerned is required to ensure the well-being of these mothers and their infants.

Cardiff Area Maternity Services Liaison Committee

At a recent meeting of the Committee arrangements for the autopsy of district babies who are stillborn or who die in the neo-natal period were discussed and it was agreed that such a service would provide useful information for the Cardiff Births Survey.

Planning of early discharge schemes for maternity patients was discussed as recommended by the Ministry of Health H.M. (65) 32, and it was noted that all the recommendations contained therein were already in practice in Cardiff.

B. BIRTH CONTROL AND FAMILY PLANNING

Report of the Cardiff Mothers' Advisory Clinic

The Cardiff Mothers' Advisory Clinic is held at 60 Railway Street, Splott, Cardiff, where advice on birth control may be obtained.

The following statistics relate to the work of the Clinic for the year:—

Number of New Patients	280
Number of Old Patients	938
Number of Pro-Baby Cases	4
Number of Medical Cases examined and advised ..	10
Number of Patients to whom free advice given ..	294
Number of letters requesting further supplies ..	3,022

Family Planning Association

The Family Planning Association provides three clinics each week in the Cardiff area, one being held at Gabalfa Clinic, North Road, in the afternoon and two evening clinics at Cardiff Royal Infirmary. The Association provides a free service for patients of limited means and in these cases supplies are free.

Sessions and Attendances were:—

Number of Sessions	143
Number of New Patients	1,051
Total number of Patients Attending	1,937
Total Attendances at Clinics	4,841

28 were referred by the Medical Officer of Health

41 were referred by medical practitioners

7 were referred by hospitals

C. INFANT AND CHILD WELFARE

Infant Deaths

111 deaths occurred in infants under the age of 1 year representing an infant mortality of 22·8 (England and Wales—19·0). The main causes of infant death are shown in the Table on Page 5 from which it will be noted that 46% of deaths occurred in the first week of life. Infant deaths associated with respiratory infection numbered 37. An extraordinarily high incidence of deaths due to acute viral bronchiolitis was noted. The deaths occurred predominantly during the months January to May, 1965, but some were also recorded in July and from September onwards. Deaths occurred in 22 infants from this cause, i.e., 60% of all deaths associated with respiratory infection, and they occurred mostly in the age group 2–6 months. Special investigation showed that the standard of mothering was poor in 75% of the infant deaths from this cause.

Care of Premature Infants

Special visits are made in the case of premature babies born at home, 2,293 such visits having been made during the year. The scheme for following up the premature babies on discharge from hospital is described in the reports for 1949 (Page 22) and 1953 (Page 53).

Statistics, relating to prematurity (after correction for transfers) are shown in the following tables and the table on Page 25.

Number of Premature Live Births notified:—

(a) In hospital	..	..	..	..	..	335
(b) At home or in a nursing home	..	..	..	..	..	22
						<hr/> 357 <hr/>

Number of Premature Still Births notified:—

(a) In hospital	..	..	..	..	..	36
(b) At home or in a nursing home	..	..	..	..	..	2
						<hr/> 38 <hr/>

Child Welfare Centres

During 1965 9,626 infants and children in Cardiff attended the Child Welfare Clinics and of these 7,942 were under the age of one year. The average attendance of children at each clinic was 43 and 1,503 sessions were held during the year. There seems to be no doubt that in most areas the Child Welfare Clinic remains an integral part of community life, although the roles played by health visitors and medical officers have had to be adapted to the needs of the present day.

Screening Tests

Health visitors play a major role in infant screening procedures in Cardiff.

Phenylketonuria and Allied Metabolic Disorders

The routine testing of urine with Phenistix resulted in 4,497 infants being tested for phenylketonuria at 2/52 old and 5,705 infants at 6/52 old. Thus 90.5% infants were tested in 1965.

In addition, the health visitors have been co-operating with Dr. I. G. Woolf, Department of the Regius Professor of Medicine, Radcliffe Infirmary, Oxford, in testing the urine of newborn infants for metabolic disorders including phenylketonuria. The test involves the collection of urine saturated filter papers and these filter papers are sent to Oxford for examination. Repeat tests are often necessary and sometimes specimens of urine have to be sent to Oxford as well. During 1965, no case of phenylketonuria was diagnosed but other metabolic abnormalities have been found, though fortunately, none of them serious.

Deafness

Health visitors are also responsible for screening tests for deafness. The number of infant hearing tests performed during the year was 2,241. As a result of these tests infants six were referred to a specially trained medical officer for further assessment of their hearing. None of the children was found to be deaf.

Other

Health visitors are now being trained to carry out other screening tests for possible defects at various developmental age periods.

Weight at birth	PREMATURE LIVE BIRTHS														PREMATURE STILLBIRTHS	
	Born at home or in a nursing home															
	Nursed, entirely at home or in a nursing home															
	Transferred to hospital on or before 28th day															
	Died															
Total Births (1)	within 24 hrs. of birth (2)	in 1 and under 7 days (3)	in 7 and under 28 days (4)	Total Births (5)	within 24 hrs. of birth (6)	in 1 and under 7 days (7)	in 7 and under 28 days (8)	Total Births (9)	within 24 hrs. of birth (10)	in 1 and under 7 days (11)	in 7 and under 28 days (12)	in hospital (13)	Born at home or in a nursing home (14)			
1. 2 lb. 3 oz. or less ...	62	17	9	—	1	1	—	—	1	—	—	6	2			
2. Over 2 lb. 3 oz. up to & including 3 lb. 4 oz.	16	2	—	1	—	—	—	2	—	1	1	8	—			
3. Over 3 lb. 4 oz. up to & including 4 lb. 6 oz.	48	4	3	1	1	—	—	—	—	—	—	14	—			
4. Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	60	1	1	1	3	—	—	—	—	—	—	4	—			
5. Over 4 lb. 15 oz. up to & including 5 lb. 8 oz.	149	2	1	1	17	—	—	3	—	—	—	4	—			
6. TOTALS ...	335	26	14	4	22	1	—	—	6	—	2	1	36	2		

1—1,000g, or less; 2—1,001 - 1,500g; 3—1,501 - 2,000g; 4—2,001 - 2,250g; 5—2,251 - 2,500g

Congenital Malformations

The special notifications to the Medical Officer of Health of children found to have minor or major congenital malformations continued during 1965. Midwives, health visitors and doctors in Cardiff submitted the names and relevant data to Professor C. R. Lowe, Department of Social and Occupational Medicine, Welsh National School of Medicine, on specially prepared forms and information was also recorded on the birth notification forms. The results are shown as follows:—

Nature of defect	Number of defects	Incidence per 1,000 total births
Central nervous system...	41	8.4
Cardio-vascular system...	26	5.3
Alimentary system ...	35	9.2
Muscle Skeletal system...	42	8.6
Genito-urinary system ...	21	4.3
Others	161	32.9

Infants "At Risk": The Observation Register: Assessment of the Young Handicapped Child

The classification of infants "at risk", born in the City in 1965 continued along the same lines as before and to these were added the names of children "at risk" who had moved into Cardiff. This resulted in 1,470 names being recorded in the Observation Register.

The detailed examination at the age of one year of infants "at risk" of various handicaps has provided a good opportunity for medical staff to become familiar with techniques of assessment and this service has been popular with mothers. It is regrettable that only 50% of children attended at clinics for the examinations and home visits were necessary to check on the remaining children.

Removal from the register of names of children born in 1963 has been effected when it has been established that no major handicap requiring attention is present.

A summary of the "At Risk" categories is shown below. Some of the children were recorded in more than one category.

1. Ante-natal abnormalities	..	..	..	282
2. Labour complications	..	..	..	505
3. Peri-natal history	..	..	..	341
4. Prematurity	..	..	..	329
5. Post-maturity	..	..	..	50
6. Congenital Abnormalities	..	..	..	135
7. Family history of Deafness	..	..	..	8
8. Family history of mental subnormality	..	..	..	10
9. Severe illness after the peri-natal period	..	..	..	8
10. Parents' suspicion of Deafness	..	..	..	—
11. Speech delayed beyond the age of 2 years	..	..	..	3
12. Other	..	..	..	8
TOTAL	..	..	..	1,679

At the end of December, 1965, the register of potentially handicapped pre-school children contained 268 names. The numbers of children likely to need special medical and educational treatment in each year of birth was as follows:—

	1960	1961	1962	1963	1964	1965
Number of Potentially Handicapped Children (all causes) on Register at 31st December, 1965	29	44	58	46	50	41

An increase of spina bifida and meningocele as a cause of severe physical handicap has been noted, due possibly to a higher rate of survival of infants resulting from modern methods of management of this condition.

The overall assessment of young children which is now being practised in Cardiff should result in the early detection and prompt treatment of handicapping conditions. Provisions for the children's education can then be made well in advance.

Developmental Examinations of Selected Pre-School Children

Pre-school children referred to the Mental Health Department for assessment numbered 90. The greatest source of referral was through the health visitor staff, who sent in 51 names in 1965. Paediatricians, public health medical officers, the Children's department and parents contributed to the remainder. 11% of the children were under 2 years of age. One of the health visitors working closely with the mental health department was responsible for making initial enquiries about these children and preparing the parents for the assessment by the doctor. This assessment involved a physical and mental examination by medical officers experienced in this work.

As a result of these examinations the following recommendations were made:—

- 34 for admission to primary school
- 11 to Field House Diagnostic Centre
- 4 for E.S.N. School
- 1 deaf and dealt with accordingly
- 6 severely subnormal and referred for supervision by the Local Health Authority
- 3 physically handicapped and referred to Greenhill Open Air School
- 31 were very young children for whom further assessment was recommended.

Some defects of infants and pre-school children

Visual Defects

Attended clinic for the first time	..	..	..	930
Examined for errors of refraction	..	..	..	149
Spectacles prescribed	..	..	..	112

Nose and Throat Defects

Number examined for the first time	..	..	377
Received operative treatment in hospital	..	..	85
Received other forms of treatment at Clinic	..	..	28
Total attendances at Clinic	..	..	503

Rickets

The presence of this condition in the community was manifested in 1965 when three children presented with acute signs of the disease. Two of these children were "coloured". All were discovered by health visitors at infant welfare clinics and were promptly referred for investigation and treatment.

Anaemia Survey of Nursery School Children

An observation by the Medical officer responsible for the health of nursery groups of children resident in Homes under the supervision of the Children's Department revealed that a high proportion of the children were anaemic. This significant finding led to the organisation of an anaemia survey to estimate the haemoglobin level of all children between the ages of 2-5 years in Children's Homes and in the Local Authority Nursery Schools in Cardiff.

The survey was begun in 1965 and a full account of the results will appear in a future report.

D. SPECIAL CLINICS

Diagnostic Clinics

(a) Annexe to Cardiff Royal Infirmary

A total of 108 mothers and children were referred to this clinic via the ante-natal clinics and school health service during 1965. This shows a decrease of 33 in the total number of referrals compared with 1964.

The following diagnoses were made:—

Syphilis	1
Gonorrhoea	10
Other conditions (not venereal disease)	97
(of which 30 were adoption investigations)	
	<hr/>
	108
	<hr/>

The age groups of patients were:—

Children under 12 years	33
12–17 years	4
18–20 years	21
21–25 years	31
Over 25 years	19
	<hr/>
	108
	<hr/>

Comment

During 1965, 108 cases were referred to the Diagnostic Clinic from the ante-natal clinics and the school health service. This shows a decrease of 33 compared with 1964. In spite of this decrease, the number of gonococcal infections is the same as for 1964, namely, 10. This confirms the continuing need for ante-natal care in excluding gonococcal infection.

Five cases of syphilis were treated. Of these, three were known latent cases which had received treatment during previous pregnancies; one was a congenital case who was given treatment during pregnancy, and one was a recent case of secondary syphilis.

(b) District Diagnostic Clinics

The two clinics held at Ely and Llanrumney for an experimental period were discontinued in November, 1965, owing to lack of attendance.

Cervical Cytology—Cardiff: Survey

This survey which began in Cardiff in 1965 involves the examination of cervical smears from all married women between the ages of 25–69 years and the investigation is now well under way with clinics being set up in most areas of the City. One area in particular has been the focus of intensive study to find out what measures are required to enlist the full co-operation of women in the relevant age groups. Since the survey began 10,000 women in Cardiff have availed themselves of the test and reports from the Director suggest that the service is being well received but that more effort is required to ensure that all women in the relevant age groups are examined, particularly those “at risk”.

E. NURSERIES AND CHILD MINDERS' REGULATIONS ACT, 1948

The demand for nurseries for pre-school children between the ages of 3–5 years continues to grow and increasing numbers of applications for registration of persons and premises have been submitted during the year.

Health visitors present a periodic report on the health and welfare of the children in private nurseries which are under the supervision of the senior medical officer.

Number of registered premises at 31st December, 1965	..	14
Number of children provided for	.. .. .	403
Number of registered Daily Minders at 31st December, 1965		13
Number of children cared for by Daily Minders	.. ..	195

Ely Play Centre, a private nursery for culturally deprived children between the ages of 3-5 years originated and organised by the Society of Friends in 1960 will be transferred to Cardiff City Council in April, 1966. The venture has proved to be so worthwhile both for social training and improving the general well being of the children that the Joint Health and Education Committee has approved this measure. The nursery will in future be supervised by the Local Education Authority.

DISTRICT MIDWIFERY SERVICE

Midwives in practice

At the end of the year the midwives practising in the area were reported as follows:—

(a) INSTITUTIONAL

(i) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act, 1946	.. .. .	82
(ii) Midwives employed in Nursing Homes	.. ..	5

(b) DOMICILIARY

Midwives employed by the Authority

(a) Headquarters Midwives	.. .. .	10
(b) District Midwives	.. .. .	13

Medical Aid under Section 14(1) of the Midwives Act, 1951

The number of cases in which medical aid was summoned during the year under Section 14(1) of the Midwives Act, 1951, by a midwife:—

(a) For Domiciliary cases

(i) Where the medical practitioner had arranged to provide the patient with maternity medical services under the National Health Service	37
(ii) Others	—

(b) For Cases in Institutions	—
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Deliveries attended by Midwives

	DOMICILIARY CASES		Totals	Cases in Institutions
	Doctor not booked	Doctor booked		
(a) Midwives employed by the Authority ...	7	941	948	—
(b) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act ...	—	—	—	5,066
(c) Midwives in Private Practice (including Midwives employed in Nursing Homes) ...	—	—	—	310
TOTALS	7	941	948	5,376

(This table related to women delivered, not, in the case of multiple births, to infants).

Statistics relating to Domiciliary Midwives

The statistics relating to the work of the service during 1965 are as follows:—

Early hospital discharges attended	743
48-hour hospital discharges attended	487
Housing visits to the above to arrange allocation of hospital beds	1,760
Total number of visits to patients during lying-in period	29,642
Total number of cases booked	1,329
Total number of cases attended	1,104

Part II Midwifery Training School:

Number of pupils entered school	29
Number of pupils entered examination	27
Number of pupils failed to complete training	2

Transport

At the end of the year motor car allowances were being paid to 22 midwives using their cars in connection with the Service. In addition two motor cars were provided for the use of midwives.

Supervision

Officers of the Department made 211 visits of inspection of midwives.

Infectious Diseases arising from Childbirth

The following cases were notified during the year:—

	<i>Domiciliary Confinements</i>	<i>Institutional Confinements</i>
Ophthalmia Neonatorum	3	3
Puerperal Pyrexia	—	2

All of these cases were of a mild type.

Maternity Outfits

Maternity outfits are made available where necessary in all cases of confinements other than in National Health Service hospitals. The number supplied during the year was 1,400

HOME NURSING SERVICE

The establishment consists of the equivalent of 46 full time district nurses.

In addition 14 student district nurses completed their training during the year.

The statistics relating to the work of the service during 1965 are as follows:—

Number of new cases.. .. .	3,116	
Cases carried over from 1964	1,025	
Total ..	4,141	
<hr/>		
Classification of cases and visits:—	<i>Cases</i>	<i>Visits</i>
Medical	3,282	112,433
Surgical	714	21,782
Tuberculosis	39	2,066
Maternal complications	—	—
Others	106	847
	<hr/>	<hr/>
	4,141	137,128
	<hr/>	<hr/>
Children under 5 years of age	127	
Patients over 65 years of age	2,338	
Sources from which cases were referred:—		
General Practitioners	2,743	
Hospitals	162	
Public Health Department	64	
Miscellaneous	147	
Brought Forward	1,025	
	<hr/>	
	4,141	
	<hr/>	

Laundry Service for Incontinent Patients

This service is now in its seventh year and during 1965, 204 patients received this service.

Marie Curie Service for Cancer Patients

In 1965, 29 patients received this service from specially recruited nurses for 187 nights, involving 1,685 hours being worked. This service is operated on behalf of the Marie Curie Foundation.

Night Relief Nurses

27 families received relief from nurses or night sitters on 268 nights in 1965, the fifth year since the inception of the service. The majority of patients receiving help were elderly, but some were younger people in the extreme stages of illness.

Incontinence Pads

Stocks of Incontinence Pads are available but issues have remained on a limited basis. This is probably due to the excellent use made of the Laundry Service but consideration is being given to the development of the use of these pads.

HEALTH VISITING

Staff

At the end of the year the staff consisted of the Superintendent, Deputy Superintendent and 59½ health visitors. The equivalent time of 41 health visitors was devoted to the full range of duties, which includes general health visiting, school nursing, tuberculosis visiting, visiting of mentally subnormal persons and care of the aged. The remainder were undertaking particular duties which had been assigned to them and which include the hospital follow-up schemes, care of premature infants, liaison with the Chest Clinic, B.C.G. vaccination, immunisation, mental health work and geriatrics.

To relieve health visitors, the equivalent of 11 full-time State Registered Nurses are employed on duties at clinics, centres and schools.

Home Visiting

A summary of the work carried out by Health Visitors is as follows:—

Children born in 1965	..	{	First visits	..	..	4,357
			re-visits	..	..	9,974
Children born in 1964	..	{	First visits	..	..	5,205
			re-visits	..	..	9,052
Children born in 1960-63	..	{	First visits	..	..	12,822
			re-visits	..	..	18,746
Vaccination and Immunisation		{	First visits	..	..	203
			re-visits	..	..	127
Nutritional Visits	..	{	First visits	..	..	42
			re-visits	..	..	80
Expectant Mothers	..	{	First visits	..	..	941
			re-visits	..	..	345
Venereal diseases	..		Re-visits	..	..	1
Problem families	..	{	First visits	..	..	245
			re-visits	..	..	2,372
Chronic sick (under 65 years)		{	First visits	..	..	174
			re-visits	..	..	276
Persons aged 65 years and over		{	First visits	..	..	2,900
			re-visits	..	..	6,601
Mental Subnormality	..	{	First visits	..	..	75
			re-visits	..	..	974
Mental Welfare	..	{	First visits	..	..	291
			re-visits	..	..	1,581
Tuberculosis Households	..	{	First visits	..	..	475
			re-visits	..	..	841
B.C.G. Vaccination	..	{	First visits	..	..	63
			re-visits	..	..	151
Visits to households for other infectious diseases	..	{	First visits	..	..	5
			re-visits	..	..	7
Premature Infants	..	{	First visits	..	..	295
			re-visits	..	..	1,998
Paediatric cases	..	{	First visits	..	..	712
			re-visits	..	..	636
Diabetic cases	..	{	First visits	..	..	323
			re-visits	..	..	281

Cardiac cases	{ First visits	355
	{ re-visits	447
Asthma cases	{ First visits	6
	{ re-visits	32
Other special enquiries, surveys, etc.		2,432
Ineffectual visits		16,113
Unmarried Mothers		236
Agencies		1,900
		<hr/> 107,140 <hr/>

Co-operation with General Practitioners and Hospitals

Health Visitors continued the policy of co-operation with general practitioners and hospitals and the following statistics, whilst not fully revealing the extent of this co-operation, give an indication of the liaison during 1965:—

1. Number of persons aged 65 years or over who were visited at the special request of a general practitioner or hospital .. 182
2. Number of mentally disordered persons who were visited at the special request of a general practitioner or hospital .. 45
3. Persons visited excluding maternity cases after discharge from hospital (other than mental hospitals) 1,109
4. Number included in item 3 above who were visited at the special request of a general practitioner or hospital 507

After Care of Cardiac Cases

A member of the staff of the specialist health visitors Miss C. Wilcox has been fully engaged for some years on work in the after-care of cardiac cases.

Dr. Arthur J. Thomas, Consultant Physician, United Cardiff Hospitals, comments on Miss Wilcox's work in the past year:—

“Miss Wilcox has been a tremendous help to us over the past twelve months. In addition to supervising the after-care of the cardiac cases she has worked very hard in our continuing study of a control group, a group on a diet and a group on Atromid S therapy, to try and determine the effect of these on mortality from cardiac infarction. We have been able to demonstrate the value of diet in controlling serum cholesterol and the value of Atromid S in the same way. It is early yet to say whether the control of cholesterol is helpful in reducing mortality but it does look as though our diet and Atromid S groups are going to do better than the control group, if the present trend continues.

The extraordinary amount of work that she has carried out in the after care clinic is indicated in the attached breakdown of the cases with which she has dealt. She has also been most helpful in following up the pulmonary heart study of cases in whom we are trying to gather information from the time of their cardiac catheterisation onwards.”

VISITS BY SPECIALIST HEALTH VISITOR TO CARDIAC PATIENTS

TOTAL NO. OF CASES	Advisory	Housing	Financial e.g., N.A. Board, Almoners, etc.	Local Govt. Services e.g. Welfare Dept. Home Help etc.	Ministry of Labour	Occupational Therapy	Referred to Dr. A. J. Thomas or G.P.	Miscellaneous e.g., Voluntary Organisation, Nursing Aids, etc.
New Cases 156	68	12	10	14	7	1	22	22
First Visits 197	65	18	12	22	12	4	30	34

DOMESTIC HELP SERVICE

Some reorganisation was possible during the year by the appointment of a Deputy Organiser, which increased supervisory and organising staff to 4—namely the Organiser, Deputy Organiser, Assistant Organiser and a Visitor. It was possible to divide the city into four districts and for each member of the staff to be responsible for allocation of home helps and their supervision in her area.

A further increase in the number of home helps employed was authorised, but although these were the equivalent of 12 full time home helps, the staff complement was not equal to the demands made upon it. In fact in September 1965 in my report to Committee, I estimated that the equivalent of a further 28½ home helps was necessary to provide a minimum service to all those already referred to the service. To arrive at this recommendation the demand on the service was analysed in detail as follows:—

During the week ending 10th September, 1965, 1,219 cases received help compared with 1,068 in a similar week in September, 1964. This represents an increase of 14% in the case load, which exceeds the increase of 10% which I forecast in 1964. The following table shows the number of sessions where help was given:—

1 session only	..	..	862	equivalent to	862 sessions
2 "	..	..	325	" "	650 "
3 "	..	..	21	" "	63 "
4 "	..	..	2	" "	8 "
5 "	..	..	1	" "	5 "
6 "	..	..	8	" "	48 "
			1,219		1,636

The present staff comprises 36 full-time, 22 half-time and 246 part-time home helps. The staff is at present authorised to work 6,080 hours per week but during the week under review 6,318 hours were worked. Thus, even before the onset of autumn, 238 hours were worked in excess of the authorised number of hours and, even then, the demand has not been fully met. Further statistics reveal that 164 were awaiting regular help and 11 new cases received no help at all.

A total of 830 hours will be required to provide assistance to these patients. This total is equal to 21 full-time home helps. There were also 25 cases who were considered to be in need of additional help; this would amount to a total of 75 hours.

The conclusions arrived at from this review are as follows:—

- (a) An additional 1,143 hours per week are required at present to meet the demand based on the present position—equivalent to an additional 28½ full-time home helps.
- (b) An additional 687 hours per week will be required to meet a further increase of 14% in the case load. This is the equivalent of 17 full-time home helps.

Annual Statistics

Details of the service provided during the year are as follows:—

Number of Home Helps employed at the end of the year:—

					1965	1964
Whole-time	..	..	..	..	42	35
Part-time	..	..	..	..	275	239
					317	274

Cases in which help was provided:—

	1965	1964
Maternity	122	138
Tuberculosis	20	17
Chronic sick	233	212
Aged and Infirm	1,548	1,332
Mentally disordered	6	5
Blind	11	10
Acute sick	44	31
Miscellaneous	8	15
	<hr/> 1,992	<hr/> 1,760

THE CARE OF THE ELDERLY

By J. N. P. HUGHES, M.B., B.Ch., D.P.H.

and JEAN M. EVANS, B.Sc., M.B., B.Ch., D.R.C.O.G.

The increased number of elderly persons in the population has led to further increases in demand on the community care services. This is illustrated in the figures following and also in those sections of this report dealing specifically with health visiting, home nursing services and the home help service.

During 1965 a total of 3,338 geriatric cases were known to the department's health visitors. Table I shows these on an area basis and shows an increase of 19% over the numbers for 1964 and an increase of 117% in a period of five years since 1960.

Table II shows that during 1965 health visitors made a total of 9,501 visits to elderly persons. This is an increase of 29% over the visits made in 1964 and shows an increase of 83% over the five-year period since 1960.

If this increase in demand on the health visiting services continues there must be either an urgent re-appraisal of priorities, or a re-distribution of functions, or an increase in establishment.

The Register of elderly persons known to the community care services, and kept by the department, stood at 3,935 at the end of 1965. This is an increase of 18% in one year.

The liaison geriatric health visitors had a current case load of 157 during 1965. This is an increase of 43% over that for 1964. The sources of new cases seen by them in 1965 is shown in Table III, and Table IV gives some indication of the visits they made in addition to visits to the homes of patients. Due to this increase in work it was decided to increase the number of health visitors engaged in full time geriatric liaison visiting from two to three. Miss W. White, already a member of the department's health visiting staff, transferred to this work at the end of 1965. The functions of the additional health visitor in this section are to be confined to "after-care" of patients discharged from the hospital geriatric unit to ensure full co-ordination of all the available services which might be required of them. It is hoped that some routine preventive work may be possible with these patients in addition to improved liaison between them and the geriatric hospital unit, but it is already obvious that the complexity of the social problems of some of the discharged patients, fortunately only a small fraction of the total, requires almost all the working time of the extra health visitor in order that they may exist reasonably in the community.

The work of the section has increased not only in quantity but also in complexity. Due to the increase in demand on the available services, their use in the solution of problems has become more than a question of referral and application. As the services are stretched to their utmost capability, orders of priority and urgency must be made and applied.

In an effort to deal with the more difficult cases medical officers have further increased their visits to a total of 298 during the year (200 made in 1964). These are in addition to those made by liaison health visitors. It is felt by those working in the field that the greatest need for expansion in facilities for the elderly in Cardiff is for an increase in long term accommodation, both in welfare hostels and hospitals. In particular, during the latter part of 1965, the lack of long term hospital beds for psycho-geriatric cases became very evident.

We must acknowledge, with thanks, the excellent and close liaison between our department and the City Welfare Department and Hospital Geriatric Unit and hope that we have helped in the effort to make the most effective use of their existing facilities.

During the year the medical officers and health visitors in this section have undertaken much health education on geriatric work in the form of lectures and talks with films, mainly during the evening, to various bodies and voluntary organisations. A sign of increasing awareness of the problems of the older members of the community is the organisation by the City Education Department of a pre-retirement course of evening lectures on aspects of life in retirement, including health. There is much preventative work which could be done in the public health aspects of geriatrics but this field must continue at present little exploited in this area apart from the educational work mentioned. Almost all our time and energies are taken up in dealing with existing acute problems.

During the year it was necessary for the department to obtain four orders (under the National Assistance Act, 1948. S.47 and National Assistance (Amendment) Act, 1951. S.1) for emergency compulsory removal of elderly persons to hospital or hostel for reasons of advanced age or infirmity and ill-health or poor sanitary conditions of the home. Such action was considered in many more cases but was avoided by careful, repeated and sometimes prolonged persuasion.

Facilities for the elderly in the City were increased during the year by the opening in the Llanrumney area of a day centre and luncheon club by the City's Welfare Department, and a similar centre in the Llanishen area, sponsored by a church organisation and supported by the local authority. These are much needed and are providing effective aid for these extrovertic, elderly persons able to get to the centres. However, the "problem group" of those who are lonely or infirm and who by reasons of personality or transport difficulty will not, or cannot, attend the Centres, remains. Their plight is only partly alleviated by the W.V.S. "meals on wheels" which can supply a hot cooked luncheon on a limited number of days only each week for the elderly in their homes.

The department continues to operate successfully, on a limited basis, a day centre at their Grange clinic premises specifically for this latter group. Lunch and refreshments are provided and assisted bathing and minor medical treatment given, where necessary.

Transport is arranged from voluntary sources.

Following the opening of the new clinic premises in the Splott area the department has established a "bathing club" at the clinic for elderly persons who either require some assistance in taking a bath or else lack such facilities at their homes. This is not intended for those persons who require the type of service rendered at the department's cleansing centre. The atmosphere is kept as informal and friendly as possible and cups of tea are provided. Voluntary transport, aided by a grant from the local authority to cover fuel costs, has been organised by the local branch of the British Red Cross Society to take the old people to and from this facility.

Table I

Geriatric Cases known to Health Visitors

Area Clinics	1960	1961	1962	1963	1964	1965
Roath	307	383	453	651	670	800
Gabalfa	139	175	220	214	326	409
Splott	46	56	104	155	117	192
Grange	151	186	257	169	203	267
Canton	208	258	257	370	414	461
Ely	105	130	139	212	247	212
Llanrumney	73	91	191	195	274	337
College Farm	46	56	63	110	131	141
Fairwater	70	87	120	190	189	222
Llanishen	21	26	57	91	119	140
Geriatric Liaison Health Visitors ..	40	50	50	84	110	157
	1,206	1,498	1,911	2,441	2,800	3,338

Table II

Geriatric Visits made by Health Visitors

	<i>Total</i>	<i>First Visits</i>	<i>Re-Visits</i>
1960	5,130	949	4,181
1961	6,016	980	5,036
1962	5,949	1,021	4,928
1963	8,383	1,125	7,258
1964	7,360	2,669	4,691
1965	9,501	2,900	6,601

Table III

New Cases Visited by Geriatric Liaison Health Visitors during the year 1965, and by whom referred

New Cases

Referred by:—

St. David's Hospital (Geriatric Unit) ..	..	..	..	106
General Practitioners .. .. .	..	..	..	21
Welfare Department .. .. .	..	..	..	9
National Assistance Board .. .. .	..	..	..	14
Relatives and Friends .. .. .	..	..	..	23
Request by patient .. .. .	..	..	..	3
Hospital Medico Social Workers .. .. .	..	..	..	12
District Nurses .. .. .	..	..	..	8
Found whilst visiting .. .. .	..	..	..	3
Housing Department .. .. .	..	..	..	1
Medical Officer of Health .. .. .	..	..	..	1
Voluntary Organisations .. .. .	..	..	..	1
Public Health Inspectors .. .. .	..	..	..	2
Health Visitors .. .. .	..	..	..	1
Councillors .. .. .	..	..	..	3
Council of Social Service ("Street Wardens") .. .. .	..	..	..	8
Citizen's Advice Bureau .. .. .	..	..	..	1
Glamorgan Health Department .. .. .	..	..	..	1
Home Office .. .. .	..	..	..	2
				220

Table IV
Additional Visits to various Agencies made by Geriatric Liaison Health Visitors during 1965

<i>Agency</i>	<i>No. of Visits</i>
Hospitals	658
General Practitioners	5
Shops, Banks, National Assistance Board, etc. ..	102
Relatives and Friends of Patients	172
Hospital or Local Authority Clinics	212
Welfare Department, Geriatric Day Centres	63
Other visits (W.V.S., Order of St. John, Red Cross, etc.) ..	154
	<hr/> 1,366 <hr/>

RECORDING OF TEMPERATURES OF ELDERLY PERSONS

During the unusually severe winter weather conditions of 1963–64 many cases of hypothermia occurred both in the elderly and infants. It is hoped that regular temperature taking may facilitate case finding and that in suspect cases appropriate preventative action can be taken.

During 1965, the department's health visitors included at their discretion, the routine recording of oral temperatures of elderly persons visited during their regular supervisory procedures. They have been encouraged to do this particularly during cold winter weather but some temperatures were taken throughout the year and notified, together with certain other details, to the medical officers of this section. This has been done following the report of the Special Committee set up at the request of the Ministry of Health on "Accidental Hypothermia in the Elderly" (*B.M.J.*, 14th November, 1964. 1255–1258).

Health visitors are provided with low reading thermometers (range 85°F–105°F) and are requested to time an oral reading for at least three minutes. The department's home nursing service is also gradually replacing all existing thermometers with new low reading instruments. Any patients found to have temperatures below 95°F were notified to the medical officer by telephone and were visited during the same day. The temperatures were then checked. All cases of 99°F and above were likewise visited. The readings were all found to be consistent with the level originally notified. The general practitioner was then notified if necessary and social factors investigated to ensure adequate clothing, blankets and heating.

No cases of clinical hypothermia requiring treatment were found—perhaps because the climatic conditions throughout 1965 in Cardiff remained mild with no sustained period of cold weather.

During the year the temperatures of 1,522 different persons were recorded, (253 males and 1,269 females, a sex ratio of 1:6). These form a selected sample of 16.2% of the population of the City aged 65 years and over. (28,064—1961 census.) The distribution of temperatures found is shown in Fig. 1.

A surprisingly wide range was found (91°F–100°F). The few cases of 99°F and above were all found to have infective conditions causing a pyrexia. The remaining cases appeared to be well, though various long standing chronic conditions were found (e.g., arthritis, mild congestive cardiac failure receiving treatment, etc.), as might be expected in this group of the population. No medical conditions causing or pre-disposing to hypothermia were evident. It can be seen from the information provided in Fig. 1 that no less than 11.6% whose temperatures were recorded had consistent readings of 95°F and below. An analysis showed that the mean temperature was 97.19°F (Standard Deviation 1.04°F). The females had a mean temperature of 97.21°F and had slightly but consistently higher temperatures than the males—mean 97.15°F.

FIG. 1
GENERAL DISTRIBUTION OF ORAL TEMPERATURES OF 1,522 PERSONS OF 65 AND OVER RECORDED DURING 1965

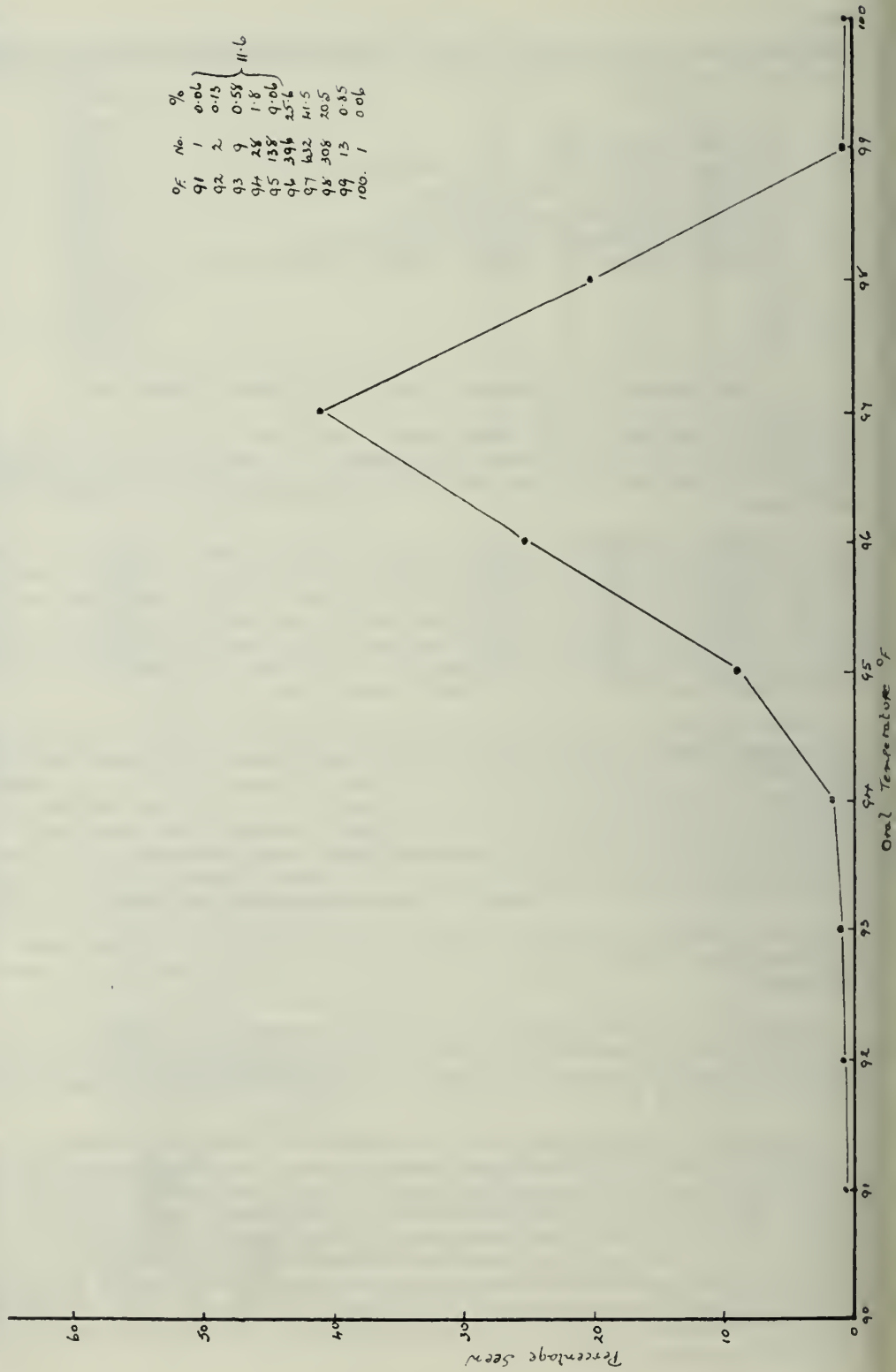


FIG. II

MEAN MONTHLY TEMPERATURES OF PERSONS SEEN AND MEAN MONTHLY AIR TEMPERATURES OF CARDIFF

1965

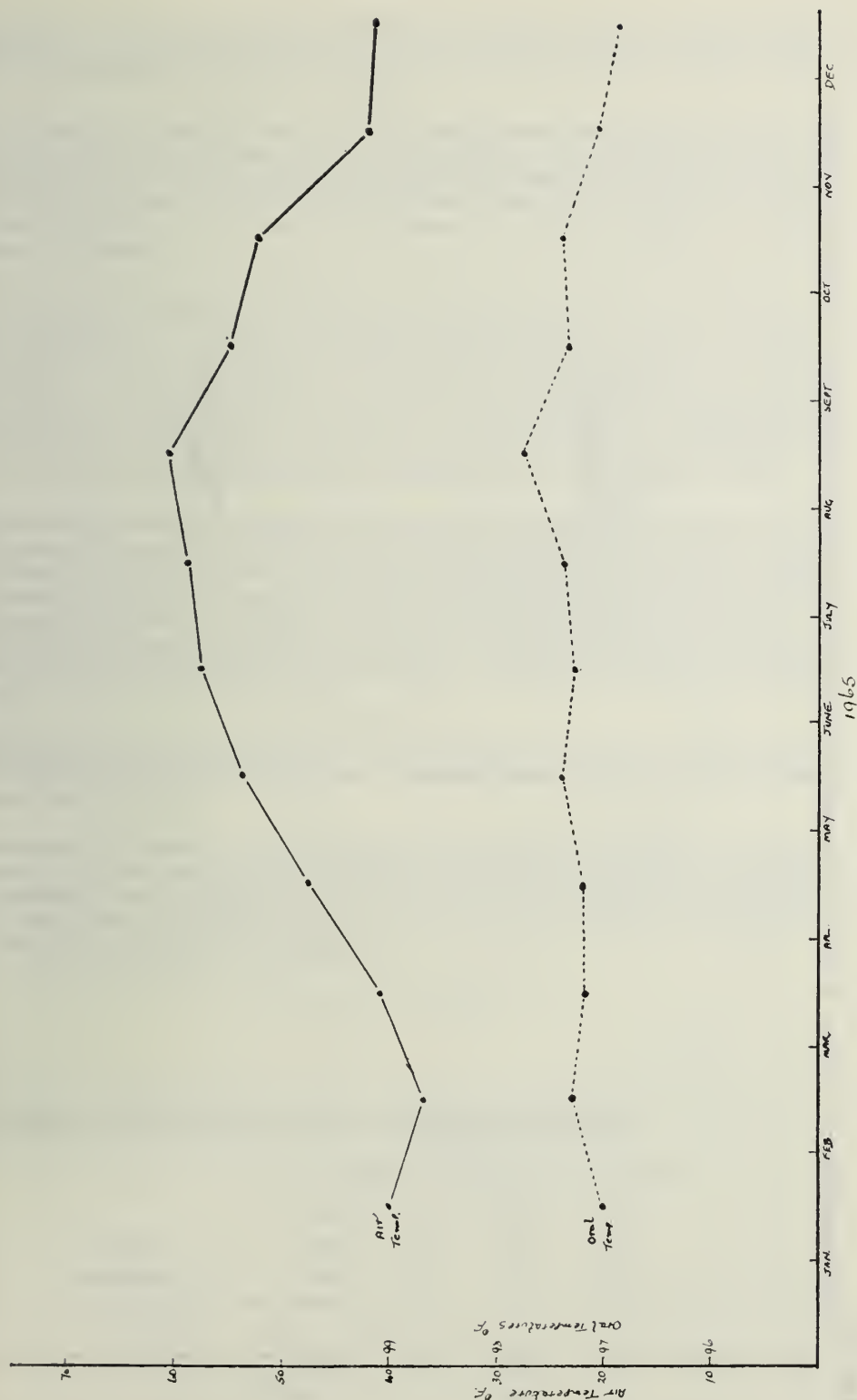


FIG. III
DISTRIBUTION OF SAMPLE BY AGE GROUPS AND MEAN TEMPERATURES OF EACH AGE GROUP

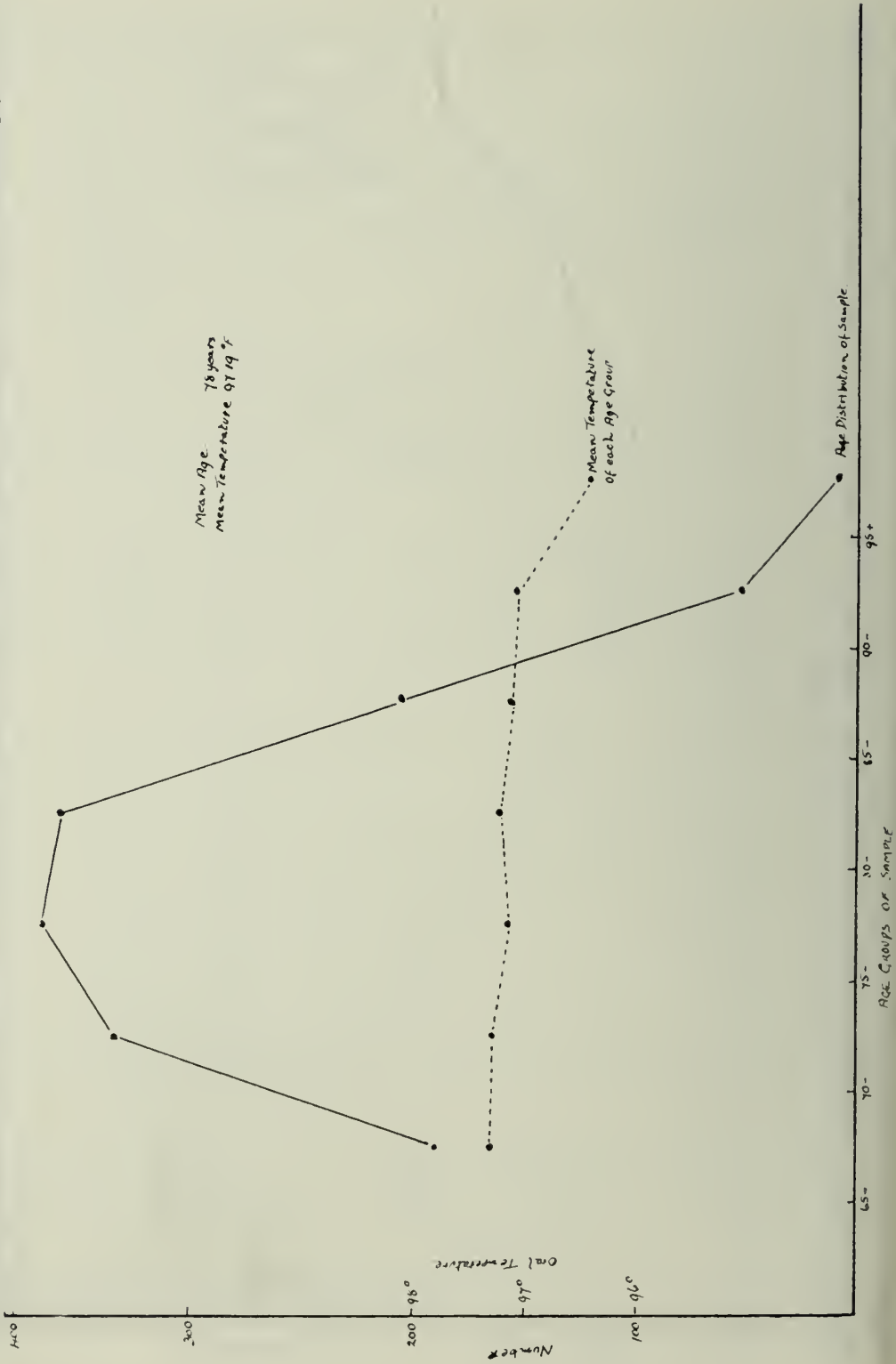


Fig. II shows the mean monthly oral temperatures of those in the survey and also the mean monthly air temperatures in the City. A small seasonal variation is shown. Fig. III shows the age distribution of the cases reported.

A large number of observers carried out the measurements and it must be emphasised that the conditions of measurements of body temperature were not standard in any way apart from the fact that the thermometers remained in the mouth for three minutes and all readings of 95°F and below and 99°F and above were subsequently checked by a medical officer using a different thermometer. The differences found are small and no scientific "significance" is claimed.

Table A shows the opinion of the health visitor regarding the adequacy of clothing and heating arrangements. In 3.9% of the cases heating was considered inadequate and in only 1.9% were clothing or bed clothes not sufficient. The latter factors were easily corrected as we have access to a plentiful supply of clothing and if necessary blankets from largely voluntary sources. It was more difficult to provide extra heating for the former group, but with the aid of the National Assistance Board and voluntary bodies it was usually obtainable but not, in many cases, until some time-lag had been overcome. Had the cases been really urgent there was no easily accessible source of immediate help with regard to heating.

Table B shows the means of heating found in the cases reported. As might be expected a large number of older people (70.9%) rely on a coal fire as their primary means of heating, despite the extra effort involved, showing a conservative preference over the more modern and labour-saving methods of heating. It was noted that although the old people who had central heating (4.4%)—usually living in purpose built accommodation provided by the authority's housing department—expressed an initial dislike for the system, provided it functioned efficiently, they quickly become adjusted to it and appreciated its comfort and its advantages.

The reason for visiting cases reported is shown in Table C. The great majority (91.1%) were routine visits. From Table D the number of geriatric persons visited who were confined to bed was found to be 5.7%.

It was noted in conducting this investigation that design and insulation of purpose-built housing for elderly people provided by local authorities appears far from ideal. More adequate insulation would probably increase the initial cost of providing the accommodation but this would utilise more efficiently and more economically the limited provisions for heating, which are available to the occupants.

Table A
Opinion of Health Visitors regarding adequacy of Heating and Clothing

		<i>Heating</i>		<i>Clothing or Bedclothes</i>	
		<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Adequate	..	1,291	84.8	1,321	86.8
Inadequate	..	60	3.9	30	1.9
Not Stated	..	171	11.2	171	11.2
		<hr/>		<hr/>	
		1,522		1,522	
		<hr/>		<hr/>	

Table B**Means of Heating**

	<i>Number</i>	<i>%</i>
Central Heating	58	4.4
Coal Fire	927	70.9
Electric fire/convactor	179	13.6
Gas fire/convactor	71	5.4
Paraffin Heater	17	1.3
None	54	4.1
Not Stated	216	—
	<hr/> 1,522 <hr/>	

Table C**Reason for visit**

	<i>Number</i>	<i>%</i>
Routine	1,398	91.1
At request of G.P.	12	0.78
Home Help section referral	25	1.6
Referred by Welfare Department	3	0.19
Referred by relatives	6	0.39
Chiropody application	11	0.72
Miscellaneous	10	0.64
Not Stated	57	3.7
	<hr/> 1,522 <hr/>	

Table D

	<i>Number</i>	<i>%</i>
Ambulant at time of Visit	1,345	88.3
Confined to bed at time of Visit	88	5.7
Not Stated	89	5.8
	<hr/> 1,522 <hr/>	

PROBLEM FAMILIES**Welfare Case Conference**

The Welfare Case Conference has met at regular monthly intervals during 1965 to discuss problem families and their difficulties. The Conference co-ordinates the activities of the voluntary and statutory organisations and Council departments concerned with the welfare of problem families; the former include the Family Welfare Association, N.S.P.C.C., the Salvation Army and the National Assistance Board, the latter the Children, Housing and Estates and Welfare Departments.

Members report on families and (after discussion) make suitable recommendations. Cases are reviewed regularly, the frequency of the review depending on the gravity of the family's problem. Some families have improved so much with the help given by the agencies represented at the conference that their names have now been deleted from the "active" list. However, they will continue to be visited regularly to ensure that progress is maintained.

Duplication of visiting is avoided as far as possible by these arrangements.

Family Welfare Association

The Committee makes a grant towards the salary of a caseworker employed by this Association and particulars of the work undertaken are quoted below:

Among 42 families regularly visited during the year by Caseworkers of Cardiff Family Welfare Association, 15 were referred by the Co-ordinating Committee, 4 of them being new cases. This work is included in the 1,981 home visits and 2,189 office interviews recorded in the Association's Annual Report for 1964-65.

The cases referred require long term support, all having multiple problems, which in most cases include the chronic ill-health of one parent. The most difficult families to rehabilitate have been those in which the income is not only low but variable, generally because of recurring periods of unemployment.

Caseworkers have kept in touch with families deleted from the list of the Co-ordinating Committee so that fresh problems likely to arise in such cases can be dealt with as early as possible."

CHIROPODY SERVICE

The department maintained similar arrangements with the panel of chiropodists for the treatment of patients at surgeries and in their own homes as has previously been described in annual reports. The statistics below show that the numbers of patients treated remain at the same high level and a further increase in the number of treatments given was recorded. Almost all the patients were of retirement age or over.

Table I

Number of patients registered	..	..	..	..	4,247
Number of patients on the waiting list	..	..	..	..	193
Number of Chiropodists	..	..	..	..	23
Number of treatments given:					
at Surgery	..	14,187			
at Home	..	3,388			
		<hr/>			
		17,575			

Table II

Number of patients registered of retirement age or over	..	4,209
Number of patients registered as expectant mothers	..	—
Number of patients registered as handicapped persons	..	38
		<hr/>
		4,247

In addition to the arrangements provided directly by the department, grants were made to the Women's Voluntary Service to maintain chiropody services at Day Centres for the aged at Grangetown, Plasnewydd, Riverside, Slott and Llanrumney.

AMBULANCE SERVICE

The ambulance service continued to be under severe strain during the year with increasing demands made upon it as will be seen from the statistics shown below. The staff of the service was further increased during the year and at the end of the year comprised the following:—

Chief Ambulance Officer	1 Joint Ambulance Liaison Officer
1 Senior Ambulance Supervisor	35 Male Drivers
5 Ambulance Supervisors	12 Female Drivers

The introduction in recent years of female drivers, whose duties principally are concerned with the conveyance of outpatients to various hospital departments, has been of considerable help in meeting the demands on the service. These ladies are engaged on day shifts only and are found to be most suitable for this work. The number of vehicles remain unchanged at 22 ambulances and sitting case ambulances but the programme of replacement of the older type ambulances continued and only a relatively small number now await replacement. The fleet is equipped with specially built vehicles supplied by Messrs. Herbert Lomas Ltd., on B.M.C. ambulance chassis. These vehicles have proved to be most satisfactory.

One request was received during the year for a patient to be conveyed by R.A.F. helicopter to the Radcliffe Infirmary at Oxford and this flight took place on the 3rd February at a cost to the Authority of £207 10s. 0d. The Ambulance service in addition received 2 patients conveyed to the city by helicopter from other parts of the country.

Analysis of Journeys 1st January–31st December, 1965

(a) Patient-Carrying:—					<i>Journeys</i>	<i>Patients</i>	<i>Miles</i>
Emergency	..	..	..	..	9,659	10,227	76,801
Accident	..	..	..	..	2,250	2,577	12,073
Outpatient	..	..	..	..	25,961	82,677	233,107
Others	..	..	..	..	5,755	8,993	54,537
					43,625	104,474	376,518
(b) Abortive and service journeys					1,596	—	7,942
(c) Transporting of Midwives, Apparatus, etc.					28	—	137
Total					45,249	104,474	384,597
(Totals for year 1964)					(43,437)	(96,875)	(367,475)
Stretcher cases included in above						22,978	127,013
Sitting cases included in above						81,496	249,505
						104,474	376,518
Average mileage per journey —					8.51		
Average mileage per patient —					3.66		

HEALTH CLINICS AND HEALTH CENTRES

Splott Health Clinic

The Splott Health Clinic situated at Splott Park was opened early in 1965 and replaced the school clinic previously accommodated in a converted house in Splott Road. The premises are of a pleasing design and back on to playing fields. There is a large waiting hall reached from the main vestibule in which is situated the reception office. A complete suite of examination and treatment rooms opens from the main waiting hall. There is a separate wing of the building which houses a complete dental unit with its own waiting room, dental surgery, recovery room, offices, toilets, etc. The premises were officially opened by the Rt. Hon. the Lord Mayor of Cardiff Alderman W. J. Hartland, C.B.E., J.P.

Child Welfare Clinic, Rhydypenau Road

It was necessary to remove the Child Welfare Clinic which had been in use at the Park End Presbyterian Church for many years, during the rebuilding of this Church and the Education Committee placed a hutted classroom in the grounds of the Rhydypenau school

at the disposal of the Health Committee and a temporary clinic was set up in these premises. They are, however, limited by lack of space and amenities and can only be regarded as a temporary expedient. It is hoped that it may be possible to transfer this clinic back to the new Church premises with the consent of the Church Committee. An alternative proposal to purchase a site on the Lakeside Estate for the erection of a small clinic and a purpose built home for elderly persons was not proceeded with as satisfactory negotiations for the purchase of the site could not be concluded.

Butetown Health Centre

The construction of these premises continued during 1965 but building had not been completed at the end of the year. It was anticipated that the health centre might be commissioned in June or July, 1966.

Riverside and Canton Health Centre

The proposal to erect a health centre at Riverside, together with a headquarters for the District Midwifery and District Nursing Service, mentioned in my report for 1964, was deferred to await the outcome of the Buchanan Report on the redevelopment of Cardiff. It is hoped that when the Report is presented in 1966 a decision to proceed with this scheme may then be possible.

Trowbridge, Rumney Health Centre

The proposal for a small health centre at the new Trowbridge Estate at Rumney was given support by the Executive Council and certain of the General Practitioners providing medical services in this area. Sketch plans had been prepared and it was found that the site which was ear-marked for these premises was not sufficiently large and arrangements have been made to exchange this site for a more suitable one on an adjoining plot. The proposal has now been put into the building programme for the year 1966/67.

HEALTH EDUCATION

by A. R. GOUNDRY, A.C.C.S.

As predicted in last year's report on this subject, the work of the Health Education Unit developed considerably during the year to meet the increasing demand for its services from both old and new sources. These developments severely strained the Unit's limited resources of manpower and equipment, and a reduction in the amount of time previously devoted to anti-smoking propaganda in the schools was inevitable.

The Unit continued to be responsible for planning and controlling the issue and use of health education material to all sections of the Department and to all sections of the public

The extent of its activities during 1965 may be gauged from the following summary of its work:—

(1) Anti Smoking

- (a) The campaign to bring the dangers to health caused by smoking to the attention of the City's school children was continued and resulted in the following visits being made:—

25 to Primary Schools and 14 to Secondary Schools.

Each visit entailed the showing of one or more suitable films followed by "question-and-answer" sessions.

Similar visits were made to 3 Youth Clubs and to 7 Adult Groups following requests received.

- (b) Assistance was afforded to adults wishing to stop smoking by holding five complete "Five-Day Plan to Stop Smoking" clinics involving twenty-five evening sessions and five "follow-up" sessions.

Once again most valuable help with these activities was received from "outside" sources, viz:—

- (c) The Information Centre for Cancer Education who kindly continued to provide a van to transport equipment and also to loan the Department several anti-smoking films.
- (d) The Education Department of the Seventh Day Adventist Church also continued enthusiastically running the "Five-Day Plan" clinics in Cardiff in close co-operation with the Health Education Unit.

(2) Cervical Cytology Service

A gradually increasing programme of publicity to help this new Service was developed during the year in co-operation with the Medical Research Council and the Cancer Information Centre. The Unit's contribution consisted of a regular weekly showing of the film "Time and Two Women", accompanied by a talk on cervical cytology given by one of the Department's medical officers, and also the arranging of local press publicity. The film-show and accompanying talk were also given to female audiences at numerous staff canteens of industrial and commercial concerns in the City, as well as Young Wives' Clubs, Townswomen's Guilds and similar women's organisations. The incorporation of a cut-out application coupon in the local press advertisement proved to be most successful in encouraging women to avail themselves of this simple test for cancer of the cervix.

(3) Mothercraft and Infant Welfare Classes

The arrangements for regular showings of suitable films at the mothercraft sessions at all the authority's clinics were maintained. This programme results in such films being shown at a different clinic daily for one week during each eight week period.

Films used included the birth film "To Janet a Son"; the film "Jenny Comes Home", which provides instruction in mothercraft as given at St. Thomas's Hospital, London; and others dealing with the importance of the expectant mother's diet and the dental health of young children.

Showings were also made of the film "Birthday", a film dealing with the use of psychoprophylaxis in childbirth. In addition, the series of L.P. records on relaxation, made by this department, was used to maintain the continuity of these classes during the absence of the physiotherapist.

(4) Sex Education

Two films in this field were previewed by the Department's medical staff and then by members of the Joint Health and Education Committee to assess their suitability for use in the schools. One film unfolds the process of conception and the other is concerned with the problem of venereal disease, particularly with regard to teenagers. The Committee decided that these films should also be shown to teachers attending the Department's Health Education Course for Teachers (details below) in order to obtain their views about them. The suitability of these films for general use in schools is still under consideration. It is likely that they will be shown on an experimental basis to judge their efficacy.

(5) Venereal Diseases

A large supply of new, Ministry of Health posters, stressing the dangers of these diseases were obtained and overprinted with the up-to-date details of local clinics for males and females. The posters were then distributed to be displayed in the City's public conveniences, railway stations, cinemas, factories and government and commercial offices.

The Post Office agreed (in accordance with Ministry Circular C.M.O.2/65) to include the address of the local clinic in Form P2285E (the List of Local Addresses of Departments and Organisations), but refused a request to publicise the times of the clinic.

In addition, several showings of films dealing with this subject were made following requests for such material.

(6) Health Education Course for Teachers

This course was devised by members of the Department's medical staff in co-operation with the Education Department. The programme consisted of a series of lectures given in the Department every Wednesday afternoon for a period of ten weeks. A wide range of subjects was covered, some by visiting lecturers, and films dealing with sex education, venereal disease and accident prevention were also shown in support.

(7) Displays and Exhibitions

(a) Mobile Dental Display

This display was contained in a dental health education trailer loaned for one week by the General Dental Council. The trailer was transported to a different site each day, and in this way, was shown at four schools, two public parks and in the forecourt of a clinic.

A member of the Department's dental staff attended daily to give talks on care of the teeth and to demonstrate correct teeth cleaning. In addition, dental health leaflets were distributed together with apples (kindly donated by the Fruit Producers' Council) to emphasise the value of this fruit as a tooth cleaner. It is estimated that over 2,000 school-children visited the trailer during the week, as well as many adults.

(b) Cardiff Horticultural Show

For the three days of this show the Unit organised a health demonstration which consisted of a continuous programme of films and a series of models and display stands. These covered dental health, cervical cytology, the dangers of smoking, as well as immunisation against infectious disease, with particular reference to oral vaccination against poliomyelitis. In addition, a display on clean milk featuring a model bottling and pasteurization plant was provided by the Department's public health inspectors.

(c) "Disabled at Work" Exhibition

This exhibition, organised by the Ministry of Labour, was held at Sophia Gardens Pavilion. The Unit provided a small stand displaying samples of the work done at Pengam Training Centre. A mental welfare officer was on duty on the stand throughout the exhibition to answer questions on the rehabilitation of the mentally ill and the training of the mentally subnormal.

(8) General Health Education

The practice of providing suitable film-shows at old people's centres was considerably developed during the year, and has now become a regular, and much appreciated, monthly feature at these centres.

During 1965 visits were made to Grangetown Old People's Club, Fairwater Old Age Pensioners' Association, St. German's Old People's Centre, St. David's Hospital Geriatric Day Centre, Bangor Street Welfare Centre, Llanrummney W.V.S. Centre and Swansea Street Old People's Centre.

Many visits were also made on request to meetings of townswomen's guilds, young wives' clubs, youth clubs, boy scouts, girl guides, etc., to provide film-shows and lectures. Subjects covered in this way included lung cancer, venereal disease, cervical cytology, childbirth, care of the baby, dental care, personal and domestic hygiene, prevention of

accidents and emergency resuscitation. The regular evening film-shows at Red Cross Headquarters for the monthly meetings of the mental health social club and the alcoholics were also continued.

Finally, a number of new films on various health subjects were shown during the year to the Department's medical staff in order to assess their potential value as vehicles of health education.

AN APPROACH TO SEX EDUCATION IN CARDIFF SCHOOLS

In 1963 members of the Joint Health and Education Committee expressed alarm at the number of illegitimate births to teenage girls and the rise in the incidence of venereal disease in the community. Enquiries were made about the nature of information on this subject supplied to school children in Cardiff. A survey of the Senior Schools showed that lessons in human biology were being given in some schools together with instruction on reproduction and human behaviour, and the teaching staff and occasionally a Minister of Religion were involved in providing this information.

At the request of the Committee a confidential report was prepared in 1963 by a female medical officer in the Public Health Department giving an account of interviews with groups of girls in a selected number of Cardiff senior schools. Attitudes towards the subject of sex education were discussed with the girls and the general level of knowledge already acquired was investigated. The report resulted in the headmistresses of several schools asking for specialist talks to the more senior girls. These took place, with parental permission, and were given by a doctor.

A similar survey of boy's schools was conducted by a male medical officer in 1964 and a full report confirmed the difference in levels of knowledge about sex and reproduction acquired by boys in different senior schools in Cardiff.

The formation of a panel of qualified persons to give talks to pupils was established and the provision of special courses for suitable teachers representing secondary schools in Cardiff was approved. The first Health Education Course for Teachers was organised by the Public Health Department in September, 1965, and an account of this course is to be found elsewhere in the Report. Another course is planned for 1966.

By arrangement with the Heads of various Secondary Schools in Cardiff, two films, "Learning to Live" and " $\frac{1}{4}$ Million Teenagers" have been shown to parents for their comments and opinion as to the suitability of the films for showing to their children. Discussions have been lively and parents have been universally agreeable to the films being shown to their children at about the age of 14 years although many thought they should be shown earlier.

All efforts have been made to integrate sex education into the normal school curriculum as part of health education and parents have been drawn closely into the scheme by the headteachers so that the health education of the children has been a joint scheme whereby parents, teachers and doctors share the responsibility.

The methods of approach are of course individual to the schools concerned and group discussion with pupils is favoured by most.

Health Education Course for Teachers, September, 1965

At a meeting of the Joint Health and Education Committee, a course of health education lectures for teachers was proposed. It was suggested that certain members of staff of High Schools in Cardiff might benefit from a series of talks based on the prevention of disease and that they might pass on this knowledge, with benefit, to their pupils in the form of Health Education.

Dr. Marie Richards, Senior Medical Officer in the Public Health Department, was responsible for arranging the Course which took place in the Autumn of 1965. The lecturers were drawn from the staff of Public Health Departments and the Welsh National School of Medicine. The syllabus was designed to cover the pressing needs in the field of prevention of disease and was arranged as follows:—

Session	Subject
1	Health Education Methods Syllabus preparation
2	Health Education Methods in Boy's Schools Present state of the infectious diseases. Role of immunisation in schoolchildren
3	Physical and Emotional Development of the schoolchild Early recognition of mental ill- health in the schoolchild
4	The School Health Services and the Teacher Undesirable Habits. A factual approach to smoking, alcoholism and drug taking in schoolchildren and young adults
5	Diseases occurring in the mouth Methods of prevention in dentistry The use of fluoride to prevent dental caries
6	An Approach to the Problem of Sex Education. Birth Control. Illegitimacy The Venereal Diseases
7	The Handicapped School Leaver Visual Aids to Health Education
8	The Prevention of Accidents First Aid in School

Sessions were held on one afternoon a week during the Michaelmas Term

Twenty-five teachers attended the Course and they commented on its value both in providing information and also in promoting a closer relationship between doctors and teachers in the field of health education in schools. A similar Course is planned for the Autumn 1966, for members of teaching staff who were unable to attend the first course.

Co-operation with Voluntary Organisations

The work of the department, particularly in relation to the personal health services is considerably supplemented by the work of a great variety of voluntary organisations, in fact in certain activities it would be impossible to make the necessary arrangements except through certain voluntary organisations and I am happy to record here that excellent relations continue with all these organisations. Some indication of this work should form part of my report but the following paragraphs do not represent an exhaustive list of all the activities which are organised by these societies.

For unmarried mothers the department is able to make arrangements with three religious organisations, namely the Salvation Army, the Llandaff Diocesan Association for Moral Welfare Work and the St. Anne's Convent, all of whom have homes into which unmarried mothers are admitted.

The care of the aged is greatly assisted by the efforts of the Women's Voluntary Service in the recruiting of "home aides", the provision of meals on wheels, arrangements for chiropody service at day centres and luncheon clubs. Further help with the transport of the aged is given by the British Red Cross Society, who also provide escorts for the ambulance service, thus making the journeys of many patients over long distances as comfortable and tolerable as possible. This society has also provided excellent facilities for regular social gatherings of patients discharged from psychiatric hospitals. Similarly the Cardiff Society for Mentally Handicapped Children has provided recreational facilities for young sub-normal persons and they have provided a day centre during the holiday period at the department's training centre. Students from International Voluntary Service have assisted this society in caring for the children at the holiday day centre.

The Order of St. John of Jerusalem has for many years undertaken to provide a medical comforts depot on behalf of the department and has issued many thousands of aids to sick people in the City.

The Cardiff Family Welfare Association has undertaken work with a large number of problem families and other families who are in need and have maintained close contact with the department. This Association has also helped certain tuberculous persons with special grants on behalf of the department, where the statutory services are unable to help.

The Cardiff Charity for Special Relief has met regularly under the Presidency of the Lord Mayor and has made grants amounting to a very considerable sum of money for the alleviation of distress among many families in the City and the department has been able to suggest many deserving families to be helped by this charity.

In the relief of distress the Salvation Army plays a very practical part and its home for single women and its home for homeless men meet a very great need in the City. The men's home at Bute Street has also been able to accommodate a number of male patients discharged from Whitchurch Hospital.

The newer activities of the department in relation to health education would not be possible without the substantial support very readily offered by the Cancer Information Centre who have provided a van and other essential equipment for this work and have made a very valuable contribution to cancer prevention both in this City and throughout England and Wales. Their help has also been invaluable in setting up and developing the cervical cytology service in the City.

The Seventh Day Adventist Church through its education department have co-operated with the health department in providing anti-smoking clinics regularly throughout the year and their original approach to this difficult problem has been most effective.

There are many other organisations performing very useful work and I hope that their activities may be referred to in later reports.

This section could not be closed without reference to the continuing work of the National Society for the Prevention of Cruelty to Children, whose work, to say the least, is invaluable.

It is my earnest hope that all these activities will continue for the benefit of the citizens of Cardiff and that as and when opportunity occurs, further developments may be made in this work by the voluntary efforts of public spirited citizens.

Fluoridation of Public Water Supplies

Circular 28/62 (Wales)

This circular was considered by the City Council on 11th March, 1963, when my recommendation for the fluoridation of water supplies was rejected by a majority of one vote.

Circular 12/63 (Wales)

This circular was reported to the Health Committee on 3rd July, 1963, when it was agreed that the Circular be received.

Circular 15/65 (Wales)

This circular was considered by the City Council on 4th October, 1965, when my recommendation for the fluoridation of water supplies was again rejected by a majority of 34 votes.

VII— DENTAL SERVICES

REPORT OF H. V. NEWCOMBE, L.D.S., R.C.S.

Principal School Dental Officer

Staff

In the year under review changes in dental officer personnel were more pronounced than usual.

In January we were fortunate in securing the services of a newly qualified lady dentist on a sessional basis, but towards the end of the first quarter a part-time officer left because of increased commitments in his own practice and this was followed by the loss of two more part-time officers in July. A recently qualified dentist, appointed in July, took up her duties at the beginning of August, but later in the same month one of our full-time officers resigned in order to take up a more senior post with another Authority.

A further lady dentist was taken on to the staff in the fourth quarter on a full-time temporary basis, having already attained retiring age at the time of her appointment.

Because of increased pressure of work in his own practice and his inability to obtain an assistant, Mr. A. Lewis, our orthodontist, found it necessary to relinquish his sessional appointment with us in October. Fortunately, however, a hospital orthodontic consultant is now available to whom the more difficult cases can be referred for advice or treatment.

At the close of the year we were very sorry to lose, through retirement, the services of Miss Merrifield who had served the department efficiently and conscientiously on a half-time basis since her appointment in February, 1954.

The staff situation at the end of 1965 as regards the number of dental officers employed in the Authority's School and Maternity and Child Welfare dental service, with the strength in terms of full-time officers, is given in the following table:—

	As at 31st December 1965	As at 31st December 1964
Full-time permanent officers	4	4
Full-time temporary officers	1	—
Half-time temporary officers	3	3
Part-time temporary officers	*6	6
Actual strength in terms of full-time officers	8.4	7.9

* includes orthodontist

Inspection and Treatment

In the case of pre-school children the number examined was substantially above that for the previous year, being in fact 36% higher. In the same category, attendances for treatment increased by no less than 56%. On the other hand inspection figures for mothers fell by 9.2% but the number of attendances for treatment were approximately the same.

Comparable figures for treatment provided showed increases over those of last year in most cases, for example, the number of teeth filled for pre-school children were more than double the previous year's total, whilst teeth extracted in this class increased by 60.8%. For mothers the figures for teeth filled were up by 39.5%, extractions showing a slight fall in

number. Notable exceptions, however, were in the number of mothers supplied with dentures where a drop of 30% occurred and in the overall total of dentures supplied which showed a fall of approximately 24%. Extractions carried out under local anaesthesia also showed a significant fall (41.2%) in the case of mothers. The number of teeth filled per pre-school children treated was .6 against .4 in the previous year, the corresponding figures for extractions being 2.1 and 1.7 respectively. An improvement is shown in the ratio of teeth filled to teeth extracted—in 1964 it was 1:2.6 as against 1:1.4 in the current year.

Scheme of Documentation for the Local Authority Dental Services

As from 1st January, 1966, a new form of documentation for the Maternity and Child Welfare Service, as required by the Ministry, will come into operation. Form L.H.S.27/7 (the annual return of the Local Authority Maternity and Child Welfare Dental Service) has been revised with the object of integrating the main treatment statistics of this service with those provided by the Dental Estimates Board so that an overall national picture of the treatment given to children may become available.

A scheme similar in many respects to the above has been in operation to cover children of school age, since the commencement of the current year and may be responsible to some extent, for the changed pattern seen in certain aspects of treatment carried out. For instance, an important new requirement under the scheme is the recording of cases made dentally fit and in order to achieve an improvement in this respect greater emphasis would tend to be placed on the conservation of temporary teeth, the statistical results in this sector suggesting this—3,651 deciduous teeth filled against 1,999 in the previous year or expressed in terms of teeth filled per cent. of patients treated 47.6 and 25.7 respectively.

The number of schoolchildren treated was very slightly below (less than 1%) than for last year.

In the case of extractions the overall total fell by approximately 14% of patients treated. Another welcome sign was the drop in the numbers of pupils supplied with dentures—from 69 in 1964 to 40 in the current year. Teeth filled relative to teeth extracted also showed an improvement represented by an increase of 29.8%.

The number of pupils X-rayed was significantly higher than that for last year, being up by 210.

Sploft Health Clinic

The new clinic at Sploft Park, completed on 5th October, 1964, after numerous structural and other difficulties, was officially opened on 25th February, 1965. The Dental Unit, an integral part of the single storey building, is completely self-contained, the layout being in many respects similar to that of Roath Health Clinic and comprises a waiting room, with adjoining toilets, which connects (via double sets of doors) with a dental surgery and with a recovery room, and an office and small laboratory, both of which adjoin the surgery. The waiting room communicates with the office via an enquiry hatch and dental patients leave the building via a porch adjacent to the recovery room.

The dental surgery is fitted out with the latest apparatus which includes a modern compact dental X-ray machine.

New Equipment

Apart from that installed at the new Sploft Clinic, major items of new equipment include a new "Oralix" X-ray apparatus fitted to the existing dental unit at Canton Clinic and a "Velopex" for use at Llanrumney Clinic. This latter apparatus is an automatic device for developing X-ray films—*intra* oral and *occlusal*. Its main advantages are in time saving, processing taking about eight minutes, and space saving, the apparatus being small and compact (14" x 2½") and no dark-room is required.

Dental Survey

A dental survey of the dental condition of a 10% sample of girls and boys aged 15 years from Cardiff Schools was carried out in the spring term 1965 on behalf of the Department of Education and Science.

Dental Health

The Dental Health Education Trailer, on loan to the Authority by the General Dental Council, to which reference was made in my report of last year, arrived in Cardiff on 1st April and was in full operational use from 2nd–9th April. It was originally intended to place the Trailer on the site at the western entrance to Cardiff Castle for the period 2nd–5th April for the benefit of the public generally, but unfortunately permission to do so could not be obtained. However, thanks to the full co-operation of the Director of Education, it was possible to site it at seven strategic positions throughout the City, four of which were at schools, viz., Splotlands, Windsor Clive, Heol Hir and Waterhall, one at Roath Park Recreation Ground, one at Llanrumney Clinic and one at Seven Oaks Recreation Ground. For the first five sites, a carefully planned time schedule enabled children from as many schools as possible in the vicinity to make a visit accompanied by members of school staff. At the two latter sites there was no strict time schedule but children in the area were invited to visit the Trailer.

The eighteen foot long trailer was constructed so that it could be converted to become an exhibition stand. The display, mainly directed at children over the age of eight, was principally concerned with the evolution of teeth, especially animals teeth, and the way in which they are adapted to different diets. There were numerous photographs with appropriate captions and a viewer showing slides on various methods of cleaning the teeth, models of jaws for demonstrating toothbrushing, the eruption of teeth, etc., were also on show. Also provided was a loop projector showing films on dental hygiene. Adequate numbers of leaflets dealing with the care of teeth were available to the children who showed great interest and enthusiasm in the display.

Dental health was also one of the main themes at the Public Health Department's stand at the Cardiff Horticultural Show held in Sophia Gardens on the 9th, 10th and 11th September. Once again we are indebted to the General Dental Council for the excellent material which they provided. This included display cards with models showing the development of the human jaw and teeth, how dental decay spreads, overcrowding, etc., and large display cards with suitable captions illustrating the vital importance of a good natural dentition in certain occupations, e.g., air hostess, ballet dancer, etc.

There was much public interest in the display and attendances generally were excellent, and thanks are due to Mr. Goundry and the supporting staff team, which included a dental officer, for their fine efforts in making the dental exhibition a success on both this and the previous occasion.

Statistics

(a) School Dental Service

Attendances and Treatment	<i>Ages</i> 5 to 9	<i>Ages</i> 10 to 14	<i>Ages</i> 15 and over	<i>Total</i>
First visit	3,732	3,269	668	7,669
Subsequent visits	4,637	7,659	1,511	13,807
Total visits	8,369	10,928	2,179	21,476
Additional courses of treatment commenced	241	266	51	558
Fillings in permanent teeth	2,632	8,606	2,072	13,310
Fillings in deciduous teeth	3,289	665	—	3,954
Permanent teeth filled	2,175	7,401	1,874	11,450
Deciduous teeth filled	3,032	619	—	3,651
Permanent teeth extracted	359	1,480	318	2,157
Deciduous teeth extracted	5,054	1,033	—	6,087
General anaesthetics	2,598	909	69	3,576
Emergencies	835	329	78	1,242

Number of pupils X-rayed	..	..	345
Prophylaxis	..	..	1,866
Teeth otherwise conserved	..	..	1,153
Number of teeth root filled	..	..	44
Inlays	..	..	4
Crowns	..	..	26
Courses of treatment completed	..		5,626

Orthodontics

Cases remaining from previous year	..	107
New cases commenced during year	..	106
Cases completed during year	..	64
Cases discontinued during year	..	20
No of removable appliances fitted	..	133
No. of fixed appliances fitted	..	6
Pupils referred to Hospital Consultant		—

Prosthetics

	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	.. 1	—	1	2
Pupils supplied with other dentures (first time)	.. 2	20	16	8
Number of dentures supplied	.. 3	21	18	—

Anaesthetics

General Anaesthetics administered by Dental Officers .. —

Inspections

(a) First inspection at school. Number of pupils	9,292
(b) First inspection at clinic. Number of pupils	8,375
Number of (a)+(b) found to require treatment	13,884
Number of (a)+(b) offered treatment	.. 11,607
(c) Pupils re-inspected at school clinic	.. 2,019
Number of (c) found to require treatment	.. 1,315

Sessions

Sessions devoted to treatment	.. .. 3302.25
Sessions devoted to inspection	.. .. 75.9
Sessions devoted to Dental Health Education	.. 61.15

(b) Maternal and Child Welfare

	Expectant Mothers	Nursing Mothers	Pre-School Children	Total
(a) <i>Numbers provided with Dental care</i>				
Referred for treatment by M.O.s	191	271	690	1,152
Attended for inspection	183	287	785	1,255
Found to be in need of treatment	181	283	647	1,111
Treated for first time	118	179	513	810
Made dentally fit... ..	48	131	297	476
Attendances for treatment	472	1,254	937	2,663
(b) <i>Treatment provided</i>				
Teeth filled	240	448	332	1,020
Teeth extracted	113	497	1,078	1,688
Silver nitrate treatment	1	2	68	71
Dressings	71	124	138	333
Scalings with gum treatment	58	74	12	144
Scalings	47	69	6	122
Extractions under local anaesthetics	106	282	13	401
Administration of general anaesthetics	23	66	517	606
Crowns and inlays	—	3	—	3
Mothers supplied with dentures	10	95	—	105
Radiographs	3	19	2	24
(c) <i>Dentures supplied</i>				
Full Upper	7	55	—	62
Partial Upper	2	37	—	39
Full Lower	5	42	—	47
Partial Lower	—	27	—	27

Number of Sessions 374·7

VIII—VACCINATION AND IMMUNISATION

General

The present routine schedule for the prevention of infectious disease used by this authority is as follows:—

Age:—

Three months .. triple vaccine and oral polio

Four months .. " " " " "

Five months .. " " " " "

One to two years .. smallpox vaccination

Eighteen months .. triple and oral polio

4½ years .. diph./tet. and oral polio

The special arrangements for protection against anthrax, yellow fever, measles and tuberculosis are described separately.

Anthrax

During the year approval was received to include protective immunisation against anthrax amongst the Authority's proposals under section 26 of the National Health Service Act.

Yellow Fever

The arrangements with regard to yellow fever immunisation continued and 957 persons were vaccinated and provided with appropriate international certificates. These included 213 seamen vaccinated in various ships visiting this area.

Vaccination against Smallpox

The figures reflect the current advice about the timing of infant vaccination, viz., that it should occur during the second year of life. About one third of the children in this age group were vaccinated. This department was responsible for over 80 % of the vaccinations recorded.

						<i>By Public Health Dept.</i>	<i>By General Practitioner</i>	<i>Total</i>
PRIMARY VACCINATION								
Under 1 year	..	..	..	..	..	4	32	36
1 to 2 years	..	..	..	..	..	1,444	122	1,566
2 to 4 years	..	..	..	..	..	70	73	143
5 to 14 years	..	..	..	..	..	1	5	6
15 years and over	..	..	..	..	..	3	9	12
					Totals	1,522	241	1,763
RE-VACCINATIONS								
Under 1 year	..	..	..	..	..	—	—	—
1 to 2 years	..	..	..	..	..	6	3	9
2 to 4 years	..	..	..	..	..	3	15	18
5 to 14 years	..	..	..	..	..	—	51	51
15 years and over	..	..	..	..	..	4	85	89
						13	154	167

Complications of smallpox vaccination

Two cases came to notice during the year.

A child of 20 months was vaccinated routinely and two weeks later a severe skin reaction developed involving the forehead, scalp and right calf. There was for a period anxiety concerning inflammation of the eye. There was a history of eczema at the age of 5 months though the child was free from skin trouble (apart from very slight scaling on the eyelids) at the time of vaccination. He received gamma globulin and fully recovered.

The second case was a child of 1 year 11 months at the date of vaccination. Recurrent upper respiratory infection had occurred but at the date of vaccination the child was well. On the seventh day a blister developed at the vaccinal site and he also had a transient general rash. On the tenth day his respirations were noted to be abnormal and he became drowsy but irritable when roused. Four days later neck stiffness was apparent as well as bilateral ptosis. The pupils were unequal. No other focal signs were found and no fits occurred. He was treated with steroids. An E.E.G. examination was grossly abnormal and in keeping with the clinical diagnosis of post vaccinal encephalitis. He improved markedly after steroid therapy and was discharged from hospital 20 days after being vaccinated.

Diphtheria immunisation

The accompanying tables give details of diphtheria immunisation. It can be seen that this is mainly in the form of combined immunisation with whooping cough and tetanus. It is apparent also that the proportion of this work carried out by the Department has steadily risen over the years and that now the Department is responsible for some 90% of the courses of protection given to children below 5 years.

The use of a mobile unit has been most useful. The antigens, both oral and parenteral, are given by a state registered nurse and no difficulties have arisen with this arrangement. Failure to attend after three appointments at monthly intervals is the indication for a visit by the mobile unit. As a method of reaching that part of the population which does not co-operate in immunisation procedures, the use of this unit has been most valuable.

Details of immunisation are given in the following Tables:—

	Diphtheria, Whooping Cough and Tetanus combined	Diphtheria and Tetanus	Diphtheria and Whooping Cough	Diphtheria only
Special and Infant Welfare Clinics ...	2,912	184	6	18
Mobile Unit	1,067	19	—	—
General Practitioners	458	—	—	—
	4,437	203	6	18

Apart from primary immunisation, the following were given booster doses:—

	Diphtheria Whooping Cough and Tetanus combined	Diphtheria and Tetanus combined	Diphtheria only
Number given booster doses:			
1 to 4 years	3,007	101	—
5 to 14 years	112	844	1,031
	3,119	945	1,031

Primary Immunisation of Children under 5 years
1951-1965

Year	Infant Welfare and Special Clinics		Mobile Unit		Gen. Practitioners		Total
	Number	%	Number	%	Number	%	
1951	1,806	45.5	1,857	46.7	313	7.8	3,970
1952	1,681	44.5	1,828	48.4	266	7.1	3,775
1953	1,778	46.8	1,741	45.8	282	7.4	3,801
1954	2,866	68.3	1,012	24.2	316	7.5	4,194
1955	2,277	61.2	1,032	27.8	408	11.0	3,717
1956	2,512	61.9	1,146	28.3	400	9.8	4,058
1957	2,295	63.6	891	24.6	427	11.8	3,613
1958	2,492	60.9	1,085	26.5	524	12.6	4,101
1959	2,772	65.7	924	21.9	525	12.4	4,221
1960	2,860	67.7	792	18.8	572	13.5	4,224
1961	3,255	71.3	757	16.6	557	12.2	4,566
1962	3,097	71.1	886	20.3	376	8.6	4,359
1963	3,173	74.4	545	12.8	545	12.8	4,263
1964	3,336	70.1	842	17.7	579	12.2	4,757
1965	2,942	65.8	1,085	24.3	445	9.9	4,472

During the year a small group of children of various ages were Schick tested with the following results:—

A. Schick testing of 5 year olds

	Primary Course and Booster at 4½ years		Primary Course only No Booster	
	at 24 hours	at 7 days	at 24 hours	at 7 days
Negative to Schick Negative control	34	45	56	61
Negative to Schick Positive Control	2	0	6	1
Positive Schick Negative Control	2	0	2	0
Positive Schick Positive Control	11	3	4	2
Absent at Readings ...	3	4	0	4
	52	52	68	68

B. Schick testing of 10-11 year olds

	Primary Course and Booster at 4½ years	Had had Primary only	Records not available of previous immunisation	Total
Negative to S.T. Toxin and Control	55	4	11	70
Negative to S.T. Toxin Positive to Control (very weak reaction)	—	1 (1 Dose only)	1	2
Positive to S.T. Toxin Negative to Control (medium reaction 10 min.) ...	—	—	2	2
	55	5	14	74

Study of Table A shows that, of the children who were tested before receiving their booster dose, only 2 reacted to injection of the toxin after 24 hours, whilst following a booster injection at 4½ years, two children out of 52 still reacted to toxin.

Table B shows that 72 out of the 74 children tested did not react to Schick toxin.

Accepting the known limitations of Schick testing as a measure of circulating antitoxin, it seems reasonable to suggest that the potency of the diphtheria antigens utilized in the triple vaccines available to the Department are adequate.

Whooping Cough

The table shows the number of children who received protection against whooping cough (either as single courses or in combination with other antigens) during 1965.

Children Protected against Whooping Cough

Year of Birth	1965	1964	1963	1962	1961	1956 to 1960	1951 to 1955	Total
No. of children ...	1,668	2,501	198	48	15	15	4	4,449
No. of notifications in the year	32	200	218	21	107	414	—	—

Number of Persons who have received:**Poliomyelitis Vaccination**

The table shows the complete reliance now placed upon the method of oral vaccination. No Salk vaccine is used by the Department. Reference back to the schedule of immunisation indicates the age at which the vaccine is administered routinely.

Of the 5,000 children born in the City in 1963 (the last year for which complete figures are available) it can be seen that 2,551 completed a course of three doses of vaccine. Thus about 50% of 1963 born children are fully protected. This is an inadequate proportion. The tendency of the strains of virus used in the vaccine to spread to (and presumably to

immunise) those in contact with the children who have been vaccinated, must be accepted as a useful attribute of this particular method of vaccination in view of the inadequate acceptance of the vaccine. The ease of administration has not proved to be such an asset as was imagined earlier.

Year of Birth	ORAL VACCINE (SABIN)		SALK VACCINE			Total
	Complete Course of 3 doses	Reinforcing Dose	Complete Course of 2 Injections	3rd injection	4th injection	
1965	1,656	3	—	—	—	1,659
1964	2,551	51	2	—	—	2,604
1963	256	2,177	—	—	—	2,433
1962	117	580	—	—	—	697
1944 to 1961	513	703	—	—	—	1,216
1934 to 1943	76	56	—	—	—	132
Others	169	122	1	—	—	292
TOTAL	5,338	3,692	3	—	—	9,033

Measles Vaccination

The Department continued to partake in various investigations into this recently available method of immunisation. 649 children born in 1963 and 1964 received vaccine.

	Year of Birth		Total
	1963	1964	
Children given:			
1 dose of killed vaccine followed by 1 dose of live vaccine	250	140	390
1 dose of killed vaccine but failed to attend clinic for 1 dose of live vaccine ...	143	19	162
1 dose of live vaccine only ...	1	96	97
	394	255	649

B.C.G. Vaccination

B.C.G. continues to be offered to the following groups of persons if found to be tuberculin negative, children aged 12–13 years, contacts of cases of tuberculosis, new born infants at St. David's hospital, students (especially medical students) and nurses and other staff working at tuberculosis hospitals.

B.C.G. Vaccinations—Cardiff 1960–65

Year	Number of							
	Contacts Excluding Newborn Babies			School Children				Newborn Babies Vaccinated
	Found to be Tuberculin Negative and Vaccinated with B.C.G.	Found to be Tuberculin Positive	Total	Offered Vaccination	Not* Tuberculin Tested	Tuberculin Positive	Vaccinated	
1960	456	50	506	4,862	751	772	3,334	278
1961	569	29	598	5,656	779	678	4,209	361
1962	572	23	595	4,911	1,387	657	2,869	279
1963	403	18	421	5,274	1,212	531	3,531	399
1964	336	23	359	5,053	753	419	3,881	231
1965	399	31	430	5,266	992	342	3,932	183
								Contacts
								Non-Contacts
								Others† Vaccinated
								924
								1,193
								886
								1,377
								1,421
								1,468
								219
								208
								221
								89
								244
								356

* Includes absentees and scholars whose parents withheld consent

† Includes students at Colleges of Further Education

The annual scheme for Tuberculin testing enables an estimate of the efficacy of the ability of B.C.G. to produce tuberculin conversions.

The table below shows the number of those found to be tuberculin negative a year following B.C.G. vaccination. The proportion of these has varied from as low as 1·2% to as high as 7·3% since 1955. Whilst a number of factors may account for this, including the potency of the vaccine used, it is known that a proportion of the children given a second dose of B.C.G. are found to be tuberculin negative again a year later. There has been considerable interest in this phenomenon recently and the Department is co-operating with the Medical Research Council in looking at the problem.

Showing the Results of Tuberculin Tests carried out during 1955-65 on Pupils given B.C.G.
12 Months Previously

Year B.C.G. Given	Number Tuberculin Tested 12 months Later	Number Tuberculin Positive	% Tuberculin Positive	Number Tuberculin Negative	Number Revaccinated
1955	643	639	97·8	4	—
1956	1,233	1,196	97·0	37	4
1957	1,574	1,533	97·0	41	25
1958	2,111	2,025	95·9	86	47
1959	2,851	2,774	97·3	77	77
1960	2,527	2,401	95·0	126	125
1961	3,206	3,075	95·9	131	118
1962	2,577	2,546	98·8	31	25
1963	3,440	3,188	92·7	252	233
1964	3,391	3,270	96·4	121	88

IX MENTAL HEALTH SERVICE

L. CLUTTERBUCK, S.R.N., R.M.N., R.M.P.A., A.I.S.W., C.S.W.

Senior Mental Welfare Officer

There was an increase of community mental health services in 1965. This brought about a great reduction of emergency and night calls for admission into hospital. There was no hospital waiting list for acute cases. The number of patients admitted from the City of Cardiff for the year to Whitchurch Hospital was 1,197. There were only 92 compulsion and 8 treatment orders, the remaining 1,097 were admitted as informal patients (voluntary). The greater number of these patients made their own way to Whitchurch Hospital which is one of the leading psychiatric hospitals in the country with its open wards and its attitude towards informal admission and early discharges. This is conducive to the patients' health and welfare, although in mental health matters, local health social work is important and in many cases an essential complement to medical skill.

The primary aim of the community care service must be the support of the patient and family in the home prior to admission and on discharge from hospital. This will be of social and economic value to the community.

Care and After Care Service

Many more cases were referred from psychiatric hospitals, general hospitals and general practitioners and at the end of the year 704 persons suffering from mental illness were being supported in the community.

Thirty-six patients were referred from the National Assistance Board and Cardiff Prison. With encouragement, many of these men were capable of making a contribution to the community. These cases usually have long histories of instability and have been unemployed for many years. Although such cases are time consuming, each person placed in employment once more may save a family years of misery and financial hardship.

The Mental Welfare Officers in the section have been made honorary social workers at Whitchurch Hospital where they visit patients freely and meet medical, nursing and administrative staff on an easy and informal basis. This has been more effective than many merely formal conferences.

Alcoholism

The majority of the 155 patients dealt with were referred from Whitchurch Hospital; others from general practitioners, prison, the National Association of Alcoholism and the National Assistance Board. The greater number of these are being followed up in the community. Group psycho-therapy sessions are held twice weekly at a public health clinic and these are held in the evenings so that the patients can attend regularly without disrupting their working hours.

Group discussions take place both formally and informally and patients can also discuss their problems privately.

Table I shows the age distribution of the patients considered when they first came for treatment. A mean age of 43 years for males and 46.12 years for females is obtained with an age range of 23-73 years for males and 25-84 years for females.

TABLE I

Age Distribution of Patients in comparison with that of the total Census Population of the City

Age in Years	Number	% of Total	1961 Census Population of Cardiff for age groups as % of total population
<i>Males</i>			
15	5	4.0%	13.8%
25	17	13.7%	13.1%
35	54	43.5%	13.9%
45	35	28.2%	13.2%
50	9	7.2%	10.5%
65 and over	4	3.2%	8.5%
	124		
<i>Females</i>			
15	—	—	13.1%
25	3	9.6%	11.8%
35	12	38.7%	13.4%
45	8	25.8%	13.1%
55	7	22.5%	11.7%
65 and over	1	3.2%	13.0%
	31		

Table II shows the results of after-care and treatment.

TABLE II

Follow Up Results of Treatment

	Males		Females	
	Number	%	Number	%
No re-admission to hospital and apparently socially stable	34	27.4%	6	19.3%
Re-admissions to hospital due to relapse				
1 only	14	11.2%	7	22.5%
2-5... ..	16	12.9%	5	16.1%
5 and over	6	4.8%	3	9.6%
Lost contact	44	35.4%	7	22.5%
Died	10	8%	3	9.6%

Out-Patients Psychiatric Clinics

Whitchurch Hospital continues to hold out-patient clinics at the Cardiff Royal Infirmary which are of great value to the mentally ill patients as they maintain contact with the doctor who treated them in hospital. Close liaison with Whitchurch Hospital continues and this still plays an important part in the expansion of the community care services in the field of mental illness.

Unit for the Aged Sick

This unit was opened on the 19th October, 1965 at Whitchurch Hospital. The types of patients dealt with are often vulnerable and tend to get into social difficulties when conditions are not favourable. Their position is often made worse by their inability to overcome social

and domestic problems. The present trend in psychological medicine suggests that there is no age bar to treatment. The unit has admission wards for diagnosis, assessment and treatment and it is hoped in the future to establish an active research programme.

Subnormality

Although the Mental Health Act, 1959, repealed the provisions of statutory supervision of subnormal patients, there were 659 persons receiving friendly supervision in the City of Cardiff during 1965. Most of the children deemed unsuitable for education at school attend a Junior Training Centre.

After re-organisation within the section, arrangements were made for each mental welfare officer to supervise a group of subnormal persons in an area and public health clinics were opened each evening to give both relatives of subnormal children and the adult subnormal persons who were in employment during the day more opportunities to discuss their problems. We were fortunate in being able to place most of the higher grade subnormal persons into full employment and when any fell out of work the adult training centre provided a useful service in keeping the patients occupied until they could be placed in open industry again.

Educationally Subnormal School Leavers

Pupils attending Special Schools who were thought to be in need of care and guidance on leaving school continued to be referred.

Out-Patient Clinic, St. David's Hospital, for Subnormal Patients

This clinic, for subnormal patients, was opened by Dr. D. C. Wynn Jenkins, Physician Superintendent, Ely Hospital, twelve months ago with the reorientation away from hospital care towards care in the community. His help with clinical treatment and social problems relating to subnormal patients has been invaluable. In addition to his advice and consultations, he has given added support to parents whose children await admission to hospital. He has also admitted many subnormal patients to his hospital for short-term care and treatment. This clinic has helped the City of Cardiff to eliminate the urgent waiting list for permanent hospitalisation for subnormal patients.

Residential Homes

34 Claude Road ("Halfway House")

This house was allocated by the Housing and Estates Department in January, 1964 for the accommodation of female patients from Whitchurch Hospital. The complement of eight residents has been increased to 10, the majority of patients having been in hospital for seven or more years. There is no resident staff or daily help as the patients are able to do the domestic chores and cooking themselves. Financially, it has paid its way and each patient is happy.

Four patients were found alternative accommodation after six months stay and four other patients have taken their place. Four patients had relapses and returned to Whitchurch Hospital for treatment. After approximately three weeks in hospital they improved and returned to the home. Of the patients, five are in full employment.

The home is visited by mental welfare officers three or four times during the week and also at the week-end, as this is the only time when everyone is at home.

139 Splott Road

The renovations and decorations at 139 Splott Road were finally completed and a home, providing accommodation for six male patients, was opened on 5th April, 1965. This has now increased to eight residents. Four of the men from Whitchurch Hospital had been in-

patients for 7 to 20 years, the other four are long standing subnormal patients. Four of the patients are in full employment. After three months stay, two of the subnormal patients, who were in full employment, were found alternative accommodation and remain on friendly supervision; one patient returned to Whitchurch Hospital. These three patients were replaced. There is a daily help and a mental welfare officer is given free accommodation at the home and in return he gives care, guidance and support to the residents.

Provision of Hostels and Training Centre

“Ty Gwyn” Junior Training Centre and Hostel at Penylan for subnormal women and children is under construction and is expected to be available shortly after September, 1966. All Saints Vicarage, Adamsdown, which was purchased during the year is being renovated and adapted and it is hoped that this house will be ready as a Hostel by June, 1966 to accommodate 12-14 male ex-hospital patients.

Private Accommodation

Many long standing male and female patients from Whitchurch Hospital were discharged home to relatives and landladies who are in close contact with the mental health staff. Two landladies continue to board five patients in their homes. They are always in close touch with the mental welfare officers and are aware that a twenty-four hour service is provided by the Department's Mental Health Section should any problems arise.

Salvation Army Hostel

The Salvation Army Hostel continued to provide temporary accommodation within the community for men until they made arrangements for more permanent homes and employment.

Ministry of Labour Rehabilitation

The male Disablement Resettlement Officer visits the mental health section on Tuesdays from 2.30 to 4.0 p.m. and the female Disablement Resettlement Officer visits on Thursdays, from 2.0 to 3.30 p.m. Patients visit the office and are given individual attention and advice by the Disablement Resettlement Officer and are helped to find the employment which will be most suitable for them. Many patients have attended courses at the Industrial Rehabilitation Unit at Western Avenue. These courses help the patients to adjust themselves gradually to normal working conditions, and occupational assessment determines the type of work for which they are best suited. A maintenance allowance is paid during the course for an average length of time of about eight weeks. Many of these patients have been satisfactorily placed in permanent employment.

Lectures and Discussions

Lectures, discussions and visits were arranged for various groups, e.g., student health visitors; nurses from Whitchurch Hospital, Cardiff Royal Infirmary and Llandough Hospital; members of the British Red Cross Society and the National Society for Mentally Handicapped Children; Medical students and Post-Graduate doctors taking the Diploma in Public Health were also shown the work of the section and a number of medical officers of health and councillors from other authorities visited some of the centres.

British Red Cross Society

Social Activity Groups for the mentally ill are held on Tuesdays and Thursdays at the British Red Cross Society, 39 Newport Road, Cardiff, from 6.30-9.0 p.m. with a mental welfare officer in attendance. They are of great therapeutic value to the 40-50 patients who usually attend. The patients look forward to the club as it is to many their only social contact and they feel happy and secure in this environment.

Women's Voluntary Service

The ladies of this Service have been a great help in providing much needed clothing for mentally ill patients. Their kind co-operation has been much appreciated.

Cardiff Society for Mentally Handicapped Children

Considerable help has also been given by the Cardiff Society for Mentally Handicapped Children.

Administration

There was no change in the list of medical practitioners approved for the purposes of giving medical recommendations under Section 28 of the Mental Health Act, 1959.

One female mental welfare officer resigned at the end of the year. Mr. C. Beauchamp replaced Mr. A. Goundry as administrative assistant in the Section.

Cases referred to Mental Welfare Officers during year ended 31st December, 1965

					Under 16 yrs.		16 yrs. & over		Total		Grand Total
					M.	F.	M.	F.	Males	Females	
ADMITTED TO HOSPITAL UNDER ORDER											
Mentally Ill					—	—	56	63	56	63	119
Subnormal					—	—	2	—	2	—	2
Severely Subnormal					—	—	—	—	—	—	—
Totals					—	—	58	63	58	63	121
ADMITTED TO HOSPITAL INFORMAL											
Mentally Ill					—	—	79	128	79	128	207
Subnormal					1	3	11	1	12	4	16
Severely Subnormal					15	3	2	10	17	13	30
Totals					16	6	92	139	108	145	253
TEMPORARY RESIDENTIAL CARE											
Subnormal					—	1	1	2	1	3	4
Severely Subnormal					18	3	3	3	21	6	27
Totals					18	4	4	5	22	9	31
COMMUNITY CARE											
Mentally Ill					—	—	372	350	372	350	722
Subnormal					4	1	9	17	13	18	31
Severely Subnormal					8	11	1	4	9	15	24
Totals					12	12	382	371	394	383	777
GRAND TOTAL ...					46	22	536	578	582	600	1,182

Provision made for Patients' Care during 1965

	Mentally Ill				Psychopathic				Subnormal				Severely Subnormal				Total				Grand Total
	Under 16 years		16 yrs & over		Under 16 years		16 yrs. & over		Under 16 years		16 yrs. & over		Under 16 years		16 yrs. & over		Under 16 yrs. & over				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
1. Number of patients under Local Health Authority care at 31/12/65																					
(a) Under Guardianship	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(b) Attending Training Centres	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(c) Receiving home visits but not included in (a) & (b)	—	—	414	282	—	—	4	6	154	143	2	5	75	98	6	11	649	525	1191	—	
Totals	—	—	414	282	—	—	11	8	167	149	45	51	107	121	56	59	694	554	1363	—	
2. Number of patients on Waiting List for admission to hospital at 31/12/65																				—	
(a) In urgent need of hospital care	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(b) Not in urgent need of hospital care	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	16	
Totals	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	16	
3. Number of admissions for temporary residential care during 1965																				—	
To N.H.S. Hospitals	—	—	—	—	—	—	—	1	1	2	18	3	3	3	4	4	4	5	31	—	

**Number of Subnormal and Severely Subnormal Adults and Children
receiving training at Local Health Authority Training Centres on 31st
December, 1965**

	Under 16 years			Over 16 years			Total		
	M.	F.	Total	M.	F.	Total	M.	F.	Total
(A) PENGAM ROAD CENTRE									
(a) Nursery	7	4	11	—	—	—	7	4	11
(b) Advanced Nursery	5	12	17	—	—	—	5	12	17
(c) Occupation Centre	7	—	7	15	—	15	22	—	22
(d) Training Centre	—	—	—	30	29	59	30	29	59
TOTAL	19	16	35	45	29	74	64	45	109
(B) "PRESWYLFA", CLIVE ROAD CENTRE									
(a) Nursery (Group I)	2	1	3	—	—	—	2	1	3
(b) Nursery (Group II)	4	8	12	—	—	—	4	8	12
(c) Intermediate Group	7	5	12	—	—	—	7	5	12
(d) Junior Group	13	13	26	—	—	—	13	13	26
(e) Special Care Group	5	5	10	—	—	—	5	5	10
TOTAL	31	32	63	—	—	—	31	32	63
TOTAL (A) & (B)	50	48	98	45	29	74	95	77	172

In addition to the above-mentioned 172 classified subnormal persons, there are 9 male and 9 female children under five years of age who are receiving training at the Centres but are too young for classification.

SCHOOL HEALTH SERVICE 1965

I.—MEDICAL INSPECTION

The average numbers of school children and the average attendances for the year ended December, 1965 were as follows:—

	Average Number on Registers	Average Attendance
High Schools (13-18 years) ...	11,391	10,019
High Schools (11-16 years) ...	6,335	5,910
Primary and All Age Schools ...	26,167	23,544
Special Schools	497	408
TOTAL	44,390	39,881

The following table shows the number of school children inspected at periodic medical inspections at Schools, their physical condition and the numbers of individual children found to require treatment (excluding dental diseases and infestation with vermin) during 1965. (Column 5 shows the number of pupils who have been considered for selective medical examination and were found not to warrant a medical examination.)

Age Groups inspected (By year of Birth)	No. of Pupils who have received a full medical exam- ination	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical exam- ination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Un- satisfactory		For defective vision (excluding squint)	For any other condition	Total individual pupils
		No. (3)	No. (4)		(6)	(7)	(8)
1961 and later	406	406	—	—	12	34	44
1960	160	160	—	3	8	35	40
1959	3,277	3,277	—	3	280	729	857
1958	466	466	—	—	49	94	131
1957	24	24	—	—	2	4	6
1956	15	14	1	1	1	4	5
1955	10	10	—	—	—	4	4
1954	474	474	—	1,951	30	140	145
1953	223	223	—	871	10	72	70
1952	30	30	—	—	2	2	4
1951	1,652	1,652	—	—	81	144	214
1950 and earlier	1,952	1,952	—	—	125	145	235
TOTAL	8,689	8,688	1	2,829	600	1,407	1,755

The numbers of school children specially inspected and the numbers of re-inspections undertaken were as follows:—

						Boys	Girls	Total
Special Inspections	...	At School Clinic	...	...		1,807	1,820	3,627
Re-Inspections	...	At School	...	...		129	104	233
		At School Clinic	...	...		812	756	1,568
TOTAL						941	860	1,801

Defects found by periodic and special medical inspections during the year. The table shows the number of pupils requiring treatment (T) and the number of pupils requiring observation (O).

DEFECT OR DISEASE					PERIODIC INSPECTIONS				SPECIAL INSPECTIONS
					ENTRANTS	LEAVERS	OTHERS	TOTAL	
SKIN	...	...	...	...	T 96	55	39	190	2,871
					O 34	—	12	46	9
EYES (a) Vision	...	...	...	...	T 335	206	59	600	24
					O 179	—	4	183	1
(b) Squint	...	...	...	...	T 17	—	—	17	—
					O 2	—	2	4	—
(c) Other	...	...	...	...	T 2	2	3	7	—
					O 1	—	2	3	—
EARS (a) Hearing	...	...	...	...	T 81	34	30	145	2
					O 45	—	3	48	4
(b) Otitis Media	...	...	...	...	T 8	—	5	13	4
					O 4	—	—	4	1
(c) Other	...	...	...	...	T 4	11	1	16	3
					O —	—	—	—	5
NOSE AND THROAT	...	...	...	...	T 268	27	41	336	25
					O 107	—	28	135	3
SPEECH	...	...	...	...	T 53	—	15	68	—
					O 30	—	28	58	1
LYMPHATIC GLANDS	...	...	...	...	T 36	4	12	52	—
					O 61	—	7	68	1
HEART	...	...	...	...	T 15	2	5	22	1
					O 45	1	20	66	27
LUNGS	...	...	...	...	T 20	1	15	36	1
					O 52	—	18	70	20
DEVELOPMENTAL (a) Hernia	...	...	...	...	T 4	3	1	8	—
					O 17	—	—	17	2
(b) Other	...	...	...	...	T 6	—	5	11	2
					O 71	—	20	91	19
ORTHOPAEDIC (a) Posture	...	...	...	...	T 25	18	9	52	3
					O 15	3	5	23	2
(b) Feet	...	...	...	...	T 96	24	21	141	23
					O 29	—	11	40	12
(c) Other	...	...	...	...	T 25	22	16	63	—
					O 30	2	16	48	4
NERVOUS SYSTEM (a) Epilepsy	...	...	...	...	T —	—	—	—	—
					O 1	—	1	2	—
(b) Other	...	...	...	...	T 23	2	4	29	—
					O 8	—	1	9	3
PSYCHOLOGICAL (a) Development	...	...	...	...	T 6	1	15	22	—
					O 6	—	—	6	2
(b) Stability	...	...	...	...	T 10	—	8	18	1
					O 6	—	2	8	3
ABDOMEN	...	...	...	...	T 3	—	5	8	—
					O 12	—	—	12	—
OTHER	...	...	...	...	T 81	43	31	155	470
					O 28	2	10	40	78

II—" FOLLOWING-UP " AND THE WORK OF HEALTH VISITORS

A summary of the work of the health visitors in connection with home visiting is given in the following table:—

Visits for				Total
Defects of Vision	...	...	...	154
Defects of teeth	...	...	...	113
Defects of ear, nose and throat	...	...	...	115
Other defects and diseases	...	...	...	919
Scabies	...	...	...	70
Nursery School Pupils	...	...	...	242
TOTAL	...	...	...	1,613

The following is a summary of work done by the visitors in connection with uncleanliness during the year:—

Number of:—

Examinations of children for uncleanliness	..	..	..	103,429
Children found with vermin and/or nits	..	..	..	3,073
Children found to be free from vermin and nits on re-examination	..	..	..	1,229
Children for whom cleansing notices issued	..	..	..	3,073

Health Visitors paid 713 routine and 392 special visits to schools to inspect and follow-up children reported to require treatment.

Vision Testing of Pupils in Junior Schools

In addition to periodic medical inspections, arrangements have been made for the annual vision testing of pupils who are in their last two years in the Junior Schools.

The number of children tested was 4,916 and the number found to have a vision defect requiring further investigation at the Clinic was 488.

III—TREATMENT

Particulars of the treatment of minor ailments, defective vision and squint, external eye diseases, defects of ear, nose and throat, of orthopaedic and postural defects, dental defects, etc., are given in the following tables:—

(a) Minor Ailments

DISEASE OR DEFECT	Number of Defects treated or under treatment during the year under the Authority's Scheme	Total number of attendances at Clinics
SKIN:—		
Ringworm—Scalp	—	
Body	5	
Scabies	59	
Impetigo	40	
Other Skin Diseases	2,882	
MINOR EYE DEFECTS	21	
MINOR EAR DEFECTS	273	
MISCELLANEOUS (e.g., minor injuries, bruises sores, chilblains, etc.)	715	
TOTAL	3,995	6,308

(b) Defective Vision and Squint

Particulars of the work of the Ophthalmic Clinics during the year are given below:—

Number of children examined	4,675
Errors of Refraction	2,010
*Spectacles prescribed	1,692
Other defects or diseases treated	227
Referred to Orthoptic Clinic	133
Attendances at Clinics	6,593

* There was no change in the prescription in 103 refractions.

Spectacles are supplied through the Supplementary Ophthalmic Service of the National Health Service. The total number of spectacles provided by this Service for schoolchildren during the year was 960 which is a further reduction as compared with the previous year, which is no doubt due to parents purchasing other types of spectacles at their own cost.

(c) Defects of Ear, Nose and Throat

	EAR	NOSE AND THROAT	
		Tonsils and Adenoids	Other Defects
Received Operative Treatment ...	24	438	166
Received Treatment in Hospital ...	118	—	—
Received other forms of treatment ...	78	36	36
Total number of children examined ...	489	1,580	1,580
Attendances at Clinics	838	2,481	2,481

Waiting list for Operative Treatment at 31st December, 1965

Tonsils and Adenoids 435

Hearing aids were provided for 6 children during 1965 and 40 children previously equipped, were also using aids.

(d) Orthopaedic and Postural Defects

Children requiring treatment for Orthopaedic and postural defects are referred to the Orthopaedic Clinic which is now maintained by the Cardiff Hospital Management Committee at specially adapted premises in an annexe to the Children's E.N.T. Hospital at Ely.

Details of the treatment provided were included in previous reports when this Clinic was part of the administration of the School Health Service. It can be reported, however, that 1,494 pupils were examined and treated at the Clinic during the year.

(e) Heart Disease and Rheumatism

The number of rheumatism cases have dropped considerably during the last decade, and the figure does not now warrant the continuation of a Special Clinic for the supervision of these few cases.

Arrangements have therefore been made for these children to be kept under supervision by Professor A. G. Watkins at the Outpatient's Department, Llandough Hospital, Penarth, Glam.

(f) Radiography

The children referred for radiography were X-rayed at the Orthopaedic Clinic which is now administered by the Cardiff Hospital Management Committee.

(g) Special Clinic for Girls at Puberty

Dr. E. M. Davies has undertaken special clinics for girls sent to her from schools and clinics for advice and treatment on complaints of special significance at this age period.

(h) Cleansing

(a) Cleansing of children with unclean heads.—It will be noted that the report of the work of the Health Visitors refers to the cleansing inspections which are undertaken each term in schools. Continual infestation of certain pupils is common in a number of families and it is also noted that certain schools show a considerably higher incidence than others. Every effort is made to ensure that children whose heads are unclean are cleansed at home by the parents. A small proportion for various reasons remain unclean in spite of advice given to parents and such children are sent for cleansing at the Treatment Centre. If this opportunity is not taken by the parents the Authority may proceed against them in the Court under the provisions of the Education Act of 1944. During the year 64 children attended the school clinic or centre for such cleansing, but it was not necessary to seek any further powers to secure the cleansing of any child.

(b) Treatment of Scabies.—Whilst scabies is no longer a problem of the same dimensions as was encountered during the war years, measures are necessary to secure effective treatment of the smaller number of persons who become infected. The Department's Treatment Centre, which is staffed as required by clinic helpers, is available for the treatment of adults and children.

A summary of the work of the centre during the year is as follows:—

Number of cases treated:—

Vermin and nits in head	..	..	..	64
Impetigo of head, face and hands	..			—
Cleansing Baths only	..	..	..	55
Scabies Baths	..	..	..	125
TOTAL	..			<u>244</u>

Attendances for Scabies:—

Schoolchildren	..	..	..	..	115
Children under school age	..			..	50
Adults	..	..	..	..	92
TOTAL	..				<u>257</u>

IV—HANDICAPPED PUPILS

The numbers of handicapped pupils known to the Department at 31st December, 1965, are shown in the following table.

BLIND CHILDREN

At Residential Special Schools ..	5	
TOTAL ..	—	5

PARTIALLY SIGHTED CHILDREN

At Residential School	1	
At Special Classes for the Partially Sighted ..	8	
TOTAL ..	—	9

DEAF CHILDREN

At Residential Schools	5	
At Independent Schools	2	
At Special Day Schools	8	
TOTAL ..	—	15

PARTIALLY HEARING CHILDREN

At Special Class	7	
At Maintained Schools (day)	40	
TOTAL ..	—	47

DELICATE CHILDREN (Children who by reason of impaired physical condition cannot without risk to their health be educated under the normal regime of an ordinary school)

At Special Day Schools	78	
*At no school	3	
At Residential School	1	
TOTAL ..	—	82

*Receive Home Tuition

PHYSICALLY HANDICAPPED CHILDREN

At Residential Special Schools ..	7	
At Special Day Schools	28	
At Independent Residential School ..	1	
*At no school	4	
Awaiting admission to Residential School ..	2	
TOTAL ..	—	42

*Receive Home Tuition

EDUCATIONALLY SUB-NORMAL CHILDREN

At Special Day Schools	399	
At Residential School	2	
At Field House Diagnostic Unit	30	
At Independent School	1	
At Maintained Schools awaiting admission to Special Schools	18	
Awaiting admission to Residential Special Schools	2	
TOTAL	—	452

MALADJUSTED CHILDREN

At Non-Maintained Schools—in Residential Hostels	3	
At Residential Hostels	15	
At Independent School	1	
Awaiting admission to Hostels or Special Schools	2	
TOTAL	—	21

During the year 218 children who had been reported as being handicapped pupils were specially medically examined, with the following results:—

Educationally subnormal and suitable for education in a special school (day)	60
Educationally subnormal and suitable for education at Field House Diagnostic Unit	14
Educationally subnormal—to have special educational treatment in an ordinary school	18
(Eleven of these children were examined and recommended for special educational treatment in ordinary school by the Educational Psychologist. Special medical examination was not considered necessary in these cases.)	
Children found not to be educationally subnormal	3
Children deferred for further special medical Examination ..	21
Children recommended for admission to special school for educationally subnormal children when they attain the age of 5 years	2
Children recommended for admission to Field House Diagnostic Unit when they attain the age of 5 years	1
Children recommended for admission to ordinary school when they attain the age of 5 years	14
Children recommended for admission to a Nursery School ..	2
Educationally subnormal and require supervision and guidance after leaving school	8

Pupils of Field House Diagnostic Unit:

(a) To remain at Field House Diagnostic Unit for further observation	1
(b) Transferred to Special Day School for Educationally sub-normal children	14
(c) Transferred to Partially Sighted class	1

Pupils of Llanishen Court Special School for Educationally Subnormal Children recommended to return to ordinary school	6
Pupils of Gabalfa Special School for Educationally Subnormal Children:	
(a) Granted permission to leave before attaining the age of 16 years	7
(b) Not granted permission to leave before attaining the age of 16 years	1
Pupils of Woodlands Special School for Educationally Subnormal Children:	
(a) Granted permission to leave before attaining the age of 16 years	4
(b) Recommended to return to ordinary school	2
Children transferred to the care of the Local Health Authority	22
Deaf—for admission to a day or residential special school ..	2
Partially Sighted—for admission to Special class	1
Physically Handicapped—for admission to a Special Day School	5
Physically Handicapped—for admission to a Special Residential School	2
Maladjusted—for admission to a Residential Hostel or Special School	6
Recommended for Home Teaching	1

Twenty-two children were notified to the Local Authority during 1965 in accordance with Section 57 of the Education Act 1944.

Greenhill Open-Air School. In addition to the above examinations, 31 children were found to be delicate pupils and recommended for admission to the Greenhill Open-Air School. Thirty-one children were admitted to the school and eight were discharged.

Cerebral Palsy Unit

The Physiotherapist administered a total of 2,264 treatments during the year, of which 1,623 were treatments at the Cerebral Palsy Unit.

Spastic children are treated daily at the Unit. Open-Air School pupils receive treatment from Mrs. S. Mallett, the School Nurse, who, after instruction, now supervises exercises for these pupils. Other treatments are administered as required.

The following table shows the number of physiotherapy treatments administered during the year:

MONTH	Spastics	Misc. Cases	Plasters
January ...	161	58	1
February ...	160	44	1
March ...	199	65	1
April ...	137	45	2
May ...	157	71	1
June ...	121	60	1
July ...	111	34	1
August ...	32	5	—
September ...	165	78	—
October ...	119	52	4
November ...	153	75	2
December ...	102	44	2
	1,617	631	16

Total treatments administered 2,264

Speech Therapy

Miss B. M. R. MORRIS, Senior Speech Therapist writes:—

At the commencement of 1965 the Speech Therapy Department had three full-time therapists, Miss M. Morris, Miss W. Morgan and Mrs. E. Davies, the latter working in special schools only. There was also Miss E. Harrison on a part-time basis, and Miss M. Hadfield on a sessional basis.

The sessions worked were 39, comprising 27 in clinics or normal schools, 10 in special schools, and 2 in visiting or administration.

We were very sorry to lose Mrs. E. Davies at the end of March. She had done valuable work in Field House, Llanishen Court, and the Spastic Unit at Greenhill Open-Air School. At the end of November we were also very sorry to lose Miss W. Morgan who had only been with us 14 months and who resigned on the occasion of her marriage. During her last three months she had worked almost exclusively at Llanishen Court and Field House.

In September we welcomed Miss S. Stevens as a full-time therapist, also Mrs. T. G. Meade an old friend, returned to work on a sessional basis.

At the end of the year the sessions worked were 33, comprising 28 in clinics or normal schools, 2 in a special school, and 3 in visiting or administration.

The areas covered are as follows:—

Miss M. Morris	..	Gabalfa Clinic	..	..	3 sessions
		Greenway Infant School	..	3	..
		Rumney Infant School	..	2	..
Miss S. Stevens	..	Llanrumney Clinic	..	3	..
		Llanishen Clinic	..	3	..
		Fairwater Clinic	..	1	..
		Spastic Unit	..	2	..
Miss E. Harrison	..	Roath Clinic	..	4	..
		Ely Clinic	..	1	..
Miss M. Hadfield	..	Ely Clinic	..	2	..
		Sploott Clinic	..	2	..
Mrs. T. G. Meade	..	Canton Clinic	..	2	..
		Grange Clinic	..	2	..
TOTAL ..					30

The official establishment is still 5 full-time therapists.

The statistics relating to the work for the year, show the number of children treated was 427. New cases admitted during the year were 198 and those discharged 209. In addition, 264 children were being kept under observation, and 94 were awaiting appointments at the end of the year. The Speech Therapists made 139 visits to schools and to the homes of children during the year.

AUDIOLOGY

By J. N. P. HUGHES, M.B., B.Ch., D.P.H.

During 1964 it was decided to train some of the State Registered Nurses employed by the Department in the capacity of clinic nurses in the use of the audiometer. A small portable transistorised pure tone audiometer is used. The department has three such instruments which are sent for standardisation periodically. Five nurses have been instructed in using the instruments by a medical officer experienced in audiometry. One of these is now employed for approximately half of her working time in routine audiometric screening of school entrants. She also assists a medical officer at hearing assessment clinics. At these clinics children who fail the screening test at school are further assessed and examined. Infants on the "at risk" register are tested routinely for hearing defect by health visitors at seven to eight months, using distraction tests and any of these infants not found to be satisfactory are also seen at the assessment clinic. Children referred for the ascertainment of educational subnormality, all children who recover from meningitis and any other children referred with suspected hearing defects from any of the department's clinics or routine school medical examinations or children having defective speech are also audiometrically assessed at these clinics. Some cases have also been referred for hearing tests by general practitioners and hospital paediatric clinics. The S.R.N. audiometrician is frequently supervised at school screening sessions, to ensure full effectiveness, by the medical officer concerned.

The procedure followed at a school is that all children in their first year, aged five to six years, are individually tested as are any children at the school who are suspected by the teaching staff of hearing defect. A screening intensity of 25 decibels is used (the loudness of a whisper) and frequencies of 250, 500, 1,000, 2,000, 4,000 and 8,000 cycles/sec. are "swept" through. Any child failing to respond to more than one frequency in either ear is referred for further assessment. The children attend the test in groups of 8 or 10 as this helps to make them feel at ease thus giving them confidence and reducing the time spent in conditioning for the test. Usually the children are easily conditioned and actually enjoy the test situation and respond well. In some schools due to lack of space and facilities it is necessary to test in poor accoustical surroundings with much background noise. An artificially high referral rate is usual in these circumstances.

Table I shows the numbers of children screened at school in 1965. During the year there were 4,280 entrants to Cardiff schools. Thus we were able to test only 30 per cent. of the total. However, all the pupils at the Authority's special schools for physically or mentally handicapped children were seen. We hope to improve the coverage in succeeding years as the service becomes established.

TABLE I

School Screening Audiometric Sessions, 1965

<i>Number of Sessions</i>	<i>Number tested</i>	<i>Number Satisfactory</i>	<i>Number referred for further assessment</i>
34	1,288	1,028 (79·8%)	261 (20·2%)

The number of children who failed the screening test (20%) was quite high. The main factors accounting for this were:—

- (1) a high referral rate of suspected cases by teaching staff;
- (2) Children who had recently started school were sometimes difficult to condition and required further testing in the presence of the parent;
- (3) Children of lower intelligence or those with some degree of maladjustment required longer conditioning and individual testing.

Table II shows the number of children seen at the hearing assessment clinics. There was a high rate of 28·2% (103) of patients sent for who failed to attend clinic.

TABLE II

Hearing Assessment Clinic Sessions 1965

<i>Number of Sessions</i>	<i>Number sent for</i>	<i>Number attended</i>	<i>No. found to have satisfactory hearing</i>	<i>No. referred for further treatment</i>
35	365	262	104 (39·7%)	158 (60·3%)

Routine E.N.T. examination was performed prior to audiological testing. Any wax obstructing the meati was cleared usually by syringing. 39·7% were found to have satisfactory hearing following this treatment. 60·3% required referral for further treatment. A large number had conductive hearing loss due to catarrhal factors and were referred directly for appropriate surgical or other treatment. A small number were considered to have a hearing defect not of sufficient magnitude to impair their education. These were kept under observation at the clinics. The remainder were sent for further more specialist assessment at the hospital audiology unit by Dr. C. J. Roberts, where hearing aids are prescribed for our school children or pre-school children who require them and where auditory training and any special education is discussed. A medical officer from the Health Department and the Authority's peripatetic teacher of the deaf attend the hospital audiology unit regularly when cases from the Cardiff area are being seen and the liaison is very good.

TABLE III

Severely Deaf School and Pre-School Children in the City at the end of 1965

1. Children attending special schools:		
(a) Llandrindod Wells Residential School	6	
(b) Other Residential Schools	2	
(c) Whitchurch Nursery School for the Deaf	6	
(d) Awaiting admission to Whitchurch Nursery School for the Deaf (also being seen by the peripatetic teacher of the deaf)	2	
2. Children severely deaf and subnormal attending Training Centre	4	
	<hr/>	
TOTAL ..	*20	<hr/>

* or ·04% of our school population

Partial Hearing School and Pre-School Children in the City at the end of 1965

1.	(a)	Attending Coed Glas Junior (Partial Hearing Unit)	5
	(b)	Attending E.S.N. Special Day Schools or Greenhill Open-Air School for physically handicapped children	6
	(c)	Children with hearing aids attending ordinary schools	40
2.	(a)	Pre-School children under observation	8
	(b)	Pre-School children who are partial hearing under observation by Mental Health Section	4
TOTAL ..			<hr/> *63 <hr/>

* or 126% of our school population

Children under supervision of Mrs. Aanensen, Peripatetic Teacher of the Deaf (included in 1 (d), 1 (b), 1 (c), 2 (a), and 2 (b) above)	22
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COED GLAS JUNIOR PARTIAL HEARING UNIT AND WORK OF THE PERIPATETIC TEACHER OF THE DEAF—Mrs. AANENSON

Whenever possible the authority has pursued a policy, for a number of years, of allowing our partial hearing children to attend ordinary day school and to remain fully integrated in the educational system. Mrs. Aanenson has supervised these, and also any pre-school children, ascertained as having a hearing handicap and who await placement. However, from Table III it can be seen that we now have 40 children with hearing aids attending ordinary schools in addition to the pre-school children who require intensive training at home by Mrs. Aanenson. This is an impossible case load for one person. During the year she has been able to supervise 22 pupils. These include 10 children who have to be seen very frequently in order to maintain satisfactory progress. She has also undertaken the intensive training of an interesting case of a boy of nine years diagnosed as suffering from a specific dyslexia. He is of above average intelligence and thanks to her efforts is making remarkable progress.

It is obvious that an increase in establishment is highly desirable to facilitate the supervision of these handicapped children.

During the year, seven children attended the Junior Partial Hearing Unit at Coed Glas School, under the care of Miss Moses. One of these left to attend ordinary school during the autumn term and he appears to have settled well and to have achieved good academic standards in his class. Broadly speaking the pupils remaining at the Unit have a dual handicap of some degree of mental subnormality or maladjustment, in addition to being partially hearing. They are integrated with the ordinary classes at the school for as many activities as possible. One of the pupils has now spent two terms fully integrated with an ordinary class except for brief daily sessions for auditory training. The authority does not yet have a senior partial hearing unit but with the increasing age of the children in the Junior Class serious consideration will have to be given in the near future to providing a class for the older partial hearing children who cannot be catered for in ordinary schools by the peripatetic teacher of the deaf.

**CHILD GUIDANCE CLINIC
STATISTICAL REVIEW**

**TABLE I
NUMBER OF CASES**

	Boys	%	Girls	%	Total
No. of new cases referred during 1965 ...	138	(66·7)	69	(38·3)	207
No. of old cases carried forward ...	64		34		98
No. of cases on waiting list at 31-12-65	22		11		33
Totals	224		114		338

TABLE 2

SOURCES OF REFERRAL

Parents or guardians	..	..	24
Probation Officers	..	..	7
Social Agencies	..	..	1
Schools	..	..	49 (26%)
School Health Service	..	..	59 (31%)
Private medical practitioners	..		30
Other sources	..	..	20
TOTAL ..			190

TABLE 3

REASONS FOR REFERRAL

Nervous Disorders

Fears..	..	..	..	16
Seclusiveness	..	..	..	2
Depression	..	..	..	5
Excitability	..	..	..	2
Apathy	..	..	..	2
Obsessions	..	..	..	3
				30 (10·2%)

Habit Disorders and Physical Symptoms

Speech disorders	..	..	..	5
Sleep	..	..	..	12
Movement	..	..	..	3
Feeding	..	..	..	8
Excretory	..	..	..	21
Nervous pains	..	..	..	9
				58 (20%)

Behaviour Disorders

Unmanageable	..	..	..	56
Temper	..	..	..	20
Aggressiveness	..	..	..	21
Stealing	..	..	..	32
Lying and romancing	..	..	..	9
Truancy	..	..	..	41
Sex difficulties	..	..	..	7
				<hr/>
				186 (63.7%)
				<hr/>

Educational and vocational difficulties

Backwardness	..	..	..	12
Special disabilities	..	..	..	3
Educational advice	..	..	..	3
				<hr/>
				18 (6.1%)
				<hr/>
TOTAL ..				292 (100%)
				<hr/>

The ages of the children examined for the first time at the clinic are shown in the following table:—

TABLE 4
AGES OF CHILDREN REFERRED

Years... ..	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Totals
Boys	—	1	3	1	8	8	8	19	7	8	21	9	13	16	5	—	127
Girls	—	—	2	2	6	4	4	4	1	5	6	9	6	11	2	1	63
TOTAL	—	1	5	3	14	12	12	23	8	13	27	18	19	27	7	1	190

TABLE 5
RESULTS OF TREATMENT AND DISPOSAL

Adjusted	..	..	..	42
Partially adjusted	..	..	..	22
Advisory	..	..	..	48
Transferred (to S.H.S., etc.)	..	..	..	7
Failed to co-operate	..	..	..	48
Withdrawn	..	..	..	32
Left Cardiff	..	..	..	1
Left School	..	..	..	1
Recommended for admission to Homes	..	..	..	2
Admitted to Homes	..	..	..	2
				<hr/>
				205
				<hr/>

TABLE 6

WORK OF SECTIONS

	Exam.	Treatment	Parents	Others	School	Home	Totals
Psychologist ...	123	167	226	26	97	—	639
Psychiatrist ...	113	225	280	36	—	—	654
TOTALS ...	236	392	506	62	97	—	1,293

Conferences and Visitors to Clinic

There have been 44 staff conferences in 1965 at which 802 cases were discussed. 14 visitors attended the clinic.

Additional Survey

The general work of the clinic and the additional survey carried out by the clinic secretary, Miss Serjent, continued as in previous years.

Some comments on the survey are made in the following sections.

Intelligence

The distribution of intelligence for the children tested is shown in Table 7.

TABLE 7

DISTRIBUTION OF INTELLIGENCE

I.Q. Group	Boys	Girls	Total
130-4 ...	1	—	1
125-9 ...	1	—	1
120-4 ...	—	—	—
115-9 ...	2	—	2
110-4 ...	1	1	2
105-9 ...	5	4	9
100-4 ...	7	5	12
95-9 ...	7	5	12
90-4 ...	6	7	13
85-9 ...	8	4	12
80-4 ...	4	5	9
75-9 ...	6	3	9
70-4 ...	6	—	6
65-9 ...	4	2	6
60-4 ...	2	—	2
55-9 ...	1	—	1
Total ...	61	36	97
Average I.Q. ...	89.4	91.7	90.3

TABLE 8
PLACE IN FAMILY

		Totals
Only child	9 boys; 7 girls	16
Two children	(1) 15 (2) 12	27
Three children	(1) 13 (2) 11 (3) 8	32
Four children	(1) 7 (2) 7 (3) 8 (4) 2	24
Five children	(1) 2 (2) 5 (3) 3 (4) 2 (5) 3	15
Six children	(1) 2 (2) 5 (3) 2 (4) 2 (5) 2 (6) 2	15
Seven children	(1) — (2) — (3) 1 (4) 1 (5) — (6) — (7) —	2
Eight children	(1) 1 (2) — (3) 1 (4) — (5) 1 (6) — (7) 2 (8) —	5
Nine children	(1) — (2) — (3) — (4) 1 (5) — (6) — (7) — (8) — (9) —	1
Ten children	(1) — (2) 1 (3) — (4) — (5) — (6) — (7) — (8) — (9) — (10) —	1
		<hr/> 138 <hr/>

TABLE 9
PLACE OF BEHAVIOUR DIFFICULTY OR PROBLEM

Home	..	..	..	..	72 (52%)
School	..	..	..	..	21 (15%)
Home and school	..	..	..	..	45 (33%)
					<hr/> 138 (100%) <hr/>

TABLE 10
BROKEN HOMES

Mother dead	..	..	..	5
Father dead	..	..	..	7
Mother remarried	..	..	..	2
Father remarried	..	..	..	2
Fostered	..	..	..	2
Mother deserted	..	..	..	2
Father deserted	..	..	..	1
Divorced, Mother remarried	..	..	..	2
Separated	..	..	..	7
Divorced	..	..	..	3
Illegitimate	..	..	..	1
				<hr/> 34 (24.6% of total) <hr/>

GENERAL

In 29 cases, i.e., in one-fifth of the total, both parents were at work—the occupations covering a wide range of employment.

In 14 cases the parent/parents were found to be neurotic or psychotic and from an additional "remarks" column in the survey, the following extracts are taken:—M. blind and epileptic (1); F. been in prison for cruelty (1); M. epileptic (2); F. deaf and with stomach trouble (1); illegitimate (5); F. in prison for incest (1); F. in prison (1); M. with disseminated sclerosis (1); M. with angina (1); parents separated several times (1).

Comments

A few comments may be made about these 138 children as a group.

- (1) As a group, they are below average in ability, though practically all levels of ability are represented.
- (2) There are appreciably more boys than girls in the group.
- (3) The group has not been greatly affected by serious ill-health.
- (4) Small families predominate; place in family is not significant.
- (5) The difficulties relate more to home than to school.
- (6) In individual cases, accommodation difficulties often exist, but in general little of significance emerges in this connection.
- (7) In the group the number of broken homes is very considerable (about one-quarter).
- (8) Parental disharmony (in at least 14 cases) is another significant factor.
- (9) Yet another is that in one-fifth of the cases both parents work.
- (10) Father's occupation cannot be said to be generally significant, though it often is in individual cases.
- (11) Another significant factor is that in at least 14 cases one or other or both parents are themselves more or less seriously unstable and maladjusted.
- (12) These important factors emerge from my survey of this group: boys and small families predominate; broken homes; parental disharmony; both parents working; fairly serious instability in parents.

COMMENTS ON "THE ADOLESCENT"

by the Consultant Psychiatrist

The work of the Child Guidance Clinic covers the whole range of childhood and adolescence and each year some children in all age groups are seen. A proportion of them will always be adolescent boys and girls, i.e., youngsters who are either approaching or at puberty. This particular time of life is one in which great changes are taking place, both physical and emotional, and extra stresses and strains are often encountered in connection with them. Despite the changes and the emotional upheavals that occur during adolescence, the young person from a normal, happy, well-balanced home usually grows up quite satisfactorily without causing anyone very much anxiety. Such stresses as he experiences are contained fairly easily within the family, and, as development proceeds, diminish in intensity. Where the home is unsatisfactory or where the parents are unstable or inadequate, however, the difficulties may become very marked indeed and cause great distress both to the boy or girl and to his parents. Difficulties encountered may vary greatly, ranging from the acute shyness and sensitiveness of some adolescents to the marked aggressiveness and anti-social behaviour found in others. Insecurity, rejection, conflict and anxiety all play their part in the causation of these difficulties and the young person's attitude may represent a rebellion against unsatisfactory parents. Girls who become unsettled during adolescence frequently show sexual difficulties of one sort or another. These may only consist of an unusual preoccupation with boys and the flouting of parental authority in this connection. Sometimes, however, a girl may become acutely disturbed and her conduct give rise to great concern. This is not common but occasionally such cases come to the notice of the Child Guidance Clinic. Almost without exception the home background is unsatisfactory and the parents themselves have experienced emotional or psychological disorders. Frequently the girl has lacked very greatly the love, care and training that is part of the normal home so that she has become a deprived personality who generally finds emotional relationships difficult. There may also be precipitating factors present which have occasioned the crisis at this particular time.

FIELD HOUSE DIAGNOSTIC UNIT

A full report was made on this unit in the Annual Report of the Medical Officer of Health 1964. The following is therefore purely a statistical statement of the number of children discharged from the Unit during the twelve months ending August, 1965, and of their disposal.

Number discharged—24.

Number admitted during the year ending 31st December, 1965—17.

Disposal

1. To Training Centre—3.
(2 others were recommended but were retained on 31st December, 1965 pending an appeal which has since been rejected).
 2. To special schools for physically handicapped—2.
 3. To partially sighted class—1.
 4. To Special Schools for educationally subnormal pupils—15.
(This included 5 children who had been intended to form a nucleus for the border-line class but had outgrown it).
 5. To a unit for psychotic children—2.
- The outstanding medical abnormalities were:—
- Cerebral Palsy—3;
 - Cerebral damage following encephalitis—1;
 - Hypothyroidism—2.

WALKER HOUSE

As the number of children involved for the year ending December, 1965 is so small, a report will be submitted bi-annually, and therefore no figures are included in this report.

V—NURSERY SCHOOLS AND CLASSES

There are eight Nursery Schools and two Nursery Classes in the City, situated as follows:—

Nursery Schools:	1.	CANTON	..	..	..	Severn Road
	2.	GRANGETOWN	..	..	..	Ferry Road
	3.	SPLOTT	..	..	..	Moorland Road
	4.	ELY	..	..	..	Vachell Road
	5.	SPLOTT (Tremorfa)	..	..	..	Baden Powell School
	6.	ELY	..	..	..	Hywel Dda School
	7.	SOUTH (Docks)	..	..	..	West Close, Bute Street
	8.	RUMNEY	..	..	..	Rumney School

Nursery Classes:	1.	NINIAN PARK	..	..	Ninian Park School
	2.	ADAMSDOWN	..	..	Tredegarville C/W School

Accommodation is provided at the Nursery Schools for a total of 402 full-time and 96 part-time children aged 2-5 years. At the Nursery Classes 60 children aged 2-5 years can be accommodated.

Health Visitors pay a visit to each Nursery School and Class at least once in each week and very often at more frequent intervals as such visits become necessary. A Medical Officer visits the Nursery Schools and Classes at intervals of approximately one month for the purpose of medically inspecting new entrants and of reviewing the health of pupils.

VI--MISCELLANEOUS

INFECTIOUS DISEASES

The number of schoolchildren ascertained to be suffering from infectious diseases during the year were as follows:—

Scarlet Fever	41
Whooping Cough	6
Diphtheria	—
Measles	471
Acute Pneumonia	20
Meningococcal Infection	—
Paralytic Poliomyelitis	—
Non-Paralytic Poliomyelitis	—
Acute Encephalitis—Infective	1
Dysentery	115
Para-Typhoid Fever	1
Enteric or Typhoid Fever	—
Erysipelas	—
Food Poisoning	177
Tuberculosis—Respiratory	4
Other Forms	2

In addition the following children were notified by Head Teachers as absent from school due to the diseases stated:—

Rubella	192
Mumps	422
Jaundice	24

PROVISION OF MEALS

Central Kitchens are in operation at Ely and Tremorfa and provide approximately 4,318 meals per day for consumption at 61 schools.

Self contained kitchens are situated at the following schools:—

Gabalfa Special, Greenhill Open Air, Greenway Junior, Ton-yr-Ywen, Heol Trelai, Windsor Clive, Cathays High, Cardiff High for Girls, Glantaf, Gabalfa Junior, Moorland Primary, Fairwater Junior, Lady Margaret High, Cefn Onn, Peter Lea, Brynhafod, Pen-y-Bryn, Heol Hir, Lady Mary R.C. Girls, Gabalfa Infants, Llanrumney Boys and Girls, The Court, Howardian Grammar, Glan-yr-Afon, College of Commerce, Pentreban, Bishop of Llandaff, Canton Boys, Canton Girls, Greenway Infants, Fitzalan Technical High, Mostyn, Pen-yr-Heol, Cyntwell High, Waterhall, Woodlands Special, Ty Celyn, Field House Special, Lakeside Primary, Glyn Derw, and eight Nursery Schools, St. Illtyd's, Tredegarville, Caerau Infants, Bishop Hannon, Glan Ely, Cwrt-yr-Ala, Hawthorne Infants, Hywel Dda Infants and Junior, Coed Glas, Baden Powell and St. Cadoc's.

Canteens. Facilities are available at 151 School Canteens for providing mid-day meals for approximately 19,250 children daily.

The number of children attending primary, high, special and nursery schools, provided with dinners and/or milk during the first and last complete weeks of 1965 were as follows:—

	<i>First complete week, 1965</i>	<i>Last complete week, 1966</i>
Average number of necessitous children provided with dinner daily free	2,350	2,560
Average number of children provided with milk daily free	35,963	34,383
Average number of children provided with dinner daily on payment	14,868	15,449

MEDICAL EXAMINATIONS OF TEACHERS AND ENTRANTS TO COURSES OF TRAINING FOR TEACHING AND TO THE TEACHING PROFESSION

The School Medical Officer is an examining medical officer for the Education Committee in respect of the entry of teachers into the superannuation scheme. During the year 98 teachers were examined for this purpose.

From 1st April, 1952, the Minister of Education instituted new arrangements for medical examinations for entrants to the teaching profession and for candidates applying for entry to training colleges, university departments of education and approved art schools (Circular 249, 8th March, 1952).

The School Medical Officer has the duty of examining candidates applying for admission to training colleges and entrants to the teaching profession except those intending to enter the teaching profession on completion of an approved course of training, in which case they are examined as at present by the College Medical Officer. The School Medical Officer has to fulfil this last obligation in respect of students completing courses at the Cardiff College of Art as he acts as the College Medical Officer.

As a result of these requirements, 271 candidates and entrants were medically examined.

The Minister also directed that X-ray examinations shall be an essential part of the medical examination on entry to the teaching profession as from 1st April, 1953. (Circular 248, 28th March, 1952).

ACCIDENTS TO PUPILS

Head Teachers are requested to provide details of all accidents occurring to pupils on school premises or arising out of school activities.

During 1965, 286 such reports were made.

DESCRIPTION OF REGULAR CLINICS

	Minor Ailments	Cleansing	Ophthalmic	E.N.T.	School Dental Service	Speech Therapy	Enuresis
(a) School Clinics also used for General Health Purposes:—							
Gabalfa Clinic, 213 North Road ...	Yes	—	Yes	Yes	Yes	Yes	—
College Farm Clinics, Llanidloes Road ...	Yes	—	Yes	Yes	Yes	—	—
Grangtown Clinic, Cambridge Street ...	Yes	—	Yes	Yes	Yes	Yes	—
Canton Clinic, Wessex Street ...	Yes	—	Yes	Yes	Yes	Yes	Yes
Fairwater Clinic, Plasmawr Road ...	Yes	—	Yes	Yes	Yes	Yes	—
Ely Clinic, Redhouse Crescent ...	Yes	Yes	Yes	Yes	Yes	Yes	—
Llanishen Clinic, Newborough Avenue ...	Yes	—	Yes	Yes	Yes	Yes	—
(b) Public Health Clinics available for school children:—							
Treatment Centre, 1 Curran Road ...	—	Yes	—	—	—	—	—
Llanrumney Clinic, Llanrumney Avenue ...	Yes	—	Yes	Yes	Yes	Yes	Yes
Roath Clinic, Roath Court Road ...	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Sploott Park Clinic, South Park Road ...	Yes	Yes	Yes	Yes	Yes	Yes	—

N.B.—Speech Therapy Sessions are also held at Rumney Infants School, Greenway Infants School and the Spastic Unit at the Greenhill House Open-Air School.
December, 1965

VII—STUDENT HEALTH SERVICE

IN THE

COLLEGES OF FURTHER EDUCATION

**REPORT BY Dr. G. F. NEWBOLD, M.B., B.S. (LOND.), M.R.C.S., L.R.C.P., M.M.S.A.,
D.R.C.O.G., D.C.H.**

In September, 1965 I took over the duties of Medical Officer to the Colleges from Dr. G. Crompton, who left to take up the post of Senior Assistant Medical Officer in Newport, Monmouthshire.

It is my pleasure, therefore, to present the report for 1965 on the health of the students during this year.

As in previous years two days per week (4 sessions) were allocated to the Service. Up to the time of compiling this report the arrangements for sharing the time available between the various colleges remains unaltered. The whole of the medical and secretarial work involved also continues to be carried out by Mrs. M. P. Davies, the Health Visitor and myself.

It is most gratifying to see the increasing extent to which this service is being accepted and utilised by the students and staff of the various colleges. This fact, together with the steady growth in the student population would seem to indicate the desirability of some expansion of the service, e.g., by the allocation of an extra session per week. Ideally, some additional secretarial help would be most useful but largely owing to the decentralisation of the colleges this would probably not be very practicable at the present moment.

One indication of the extent to which students and staff have appreciated the part played by the Service in College life is shown by the number of occasions on which I have been contacted on days other than those set apart for a routine visit to a particular college. If necessary, whenever possible in such cases an additional visit has been paid to the college or the student has been seen elsewhere.

As in previous years the Service is largely advisory and diagnostic in character, although a limited amount of emergency treatment is provided. All students are urged to register with a local general practitioner as soon as possible, but inevitably there still remains a substantial minority who, when seen, are found to have no private doctor at all. In such cases the kindness and co-operation of Mr. R. V. Lloyd, Principal of the School of Pharmacy and his staff have proved invaluable in making any necessary drugs available for emergency treatment.

I Medical Examinations

It was again not found practicable in the time to undertake a routine medical examination of all first year students. Reliance was placed upon the health questionnaires which students completed and after these had been scrutinised, arrangements were made for a medical examination in those cases where it was then considered necessary. In this respect it would be useful if any additional information could be made available from the school medical records. It may be possible in the future to undertake a routine examination of all first year students so as to fall in line with what appears to be the growing practice in other colleges and universities and in industry generally.

An exception to the above was made in the case of overseas students. All of these were routinely examined as soon after admission as possible.

Full medical examinations were also carried out in the case of trainee teachers at the College of Art and those attending courses in residential child care. Certain students and members of the staff who needed certificates of fitness before taking up other employment, etc., also availed themselves of the facilities for medical examination at their respective colleges.

II Consultations and treatment

The number of "complaints" per student attending and the number of consultations per each "complaint" are shown in Tables III and IV. Some patients attended once only and a few as many as seven or eight times. Although the "complaints" are classified under the headings shown in the table it should be emphasised that this particular grouping is largely one of convenience. As is the case with student populations all over the world, much illness could more properly be described as "psychosomatic". In the table, therefore, in a number of instances the "complaint" is merely listed under its most predominant symptom. Some no doubt could just as well be placed under the heading "Psychological and emotional". Many who presented well marked somatic disturbances did however require careful investigation before it could be assumed that their symptomatology was part of an anxiety reaction. The role of stress as an aetiological agent of disease is now well recognised as one of the more important factors in modern medicine. It is, therefore, not surprising that at a time when great demands are made upon a person's life, such as preparing for higher examinations and a professional career, occasions may occur when the body reacts against the strain imposed upon it. In spite of this, however, it is pleasant to record that the general health of the students in the various colleges has been satisfactory.

Overseas students, as might be expected, faced special problems of their own. Changes of diet, climate and social modes, combined with the difficulty of studying in a foreign language were reflected in the conditions for which many of them sought our assistance and advice. It is gratifying to believe that we have been able to help our overseas visitors accommodate themselves satisfactorily to life as students in this country.

In a number of cases patients were referred to their own private doctors or to an appropriate hospital department for treatment and I should like to record the thanks of the Service to all the general practitioners and hospitals concerned for their willing co-operation in looking after the health of the students.

III Control of Tuberculosis

All first year full time students were asked in their questionnaire whether they preferred a skin (Heaf) test or a chest X-ray as a means of detecting their freedom from tuberculosis. Those who were skin tested and gave a +3 or +4 reading were referred to the Chest Clinic for further investigation. As a result one student was found to be in need of active treatment and this was instituted with streptomycin and P.A.S.

At the end of the year there were still some on the waiting list for BCG Vaccination. However, because of the increasing proportion of negative reactions of students (including those from overseas) who have already been given this protection in their previous schools, the number requiring it on entering college is likely to become smaller.

IV Analysis of consultations

The greatest number referred for specialist advice and treatment were those with defective vision. Apart from those conditions which could be classified as "psychosomatic" as indicated under Section II it is possible that some would adopt a different system of classification than the one here used. Various ear, nose and throat conditions could, no doubt, be equally well placed in the "E.N.T." section or that concerned with "Allergy." In spite of these shortcomings, however, it is hoped that the picture here presented will give a fair idea of the type and frequency of the various conditions met with among the students of the various colleges.

V Miscellaneous

During the year under review a course of lectures was given in "First Aid" to the chiropody students at Llandaff Technical College and on the "Health of the Schoolchild" to trainee teachers in the College of Art. Protection against the biological hazards of consuming radiation to any of the staff and students concerned was discussed and arrangements made for necessary blood examinations, etc., at St. David's Hospital. At the beginning of the academic year an introductory talk was given to overseas students at the Welsh College of Advanced Technology under the title of "Looking after your health in Britain". Lectures were also given at the Residential Child Care course at Llanover Hall.

In September, 1966 the College of Food Technology and Commerce moves to its new building in Colchester Avenue. We shall then be in the happy position of having our own medical room, instead of being obliged to improvise as at present. Apart from our surgeries at the Welsh College of Advanced Technology and Llandaff Technical College, the accommodation at the other colleges remains unsuitable, although no doubt the best that can be provided under the circumstances. However, we hope to have a room of our own at the Friary when the new extension to the College of Art is completed.

TABLE I

	Welsh College of Advanced Technology	Llandaff Technical College	College of Food Technology and Commerce	College of Music and Drama	College of Art
Number of full time students...	1,105	365	505	127	242
Number of full time first year students	483	187	324	67	151
Number of part-time day students	1,068	3,664	906	Figures irrelevant	296

TABLE II

CONTROL OF TUBERCULOSIS

	Welsh College of Advanced Technology	Llandaff Technical College	College of Food Technology and Commerce	College of Music and Drama	College of Art
Number of Skin Tests performed	197	53	96	25	24
Positive	146	46	82	16	21
Negative	23	13	21	6	3
B.C.G.	1	4	4	—	—

These figures include readings of some tested in December, 1964.

TABLE III
(Showing number of "complaints" per student)

	1	2	3	4	5+	Total	
Welsh College of Advanced Technology ...	245	36	10	2	1	294	
Llandaff Technical College	255	35	19	13	15	337	
College of Food Technology and Commerce	135	4	—	—	—	139	
College of Music and Drama	54	3	—	—	—	57	
College of Art	77	9	1	—	—	87	Routine examinations for Ministry of Education 52

TABLE IV
(Showing number of consultations per "complaint")

	1	2	3	4	5+	Total
Welsh College of Advanced Technology ...	210	66	12	2	3	293
Llandaff Technical College	226	85	21	4	1	337
College of Food Technology and Commerce	119	18	2	—	—	139
College of Music and Drama	47	14	2	—	—	63
College of Art	55	24	1	2	—	82

TABLE V
Number sent for Chest X-Ray

Welsh College of Advanced Technology ...	84
Llandaff Technical College	34
College of Food Technology and Commerce	35
College of Music and Drama	31
College of Art	94 (This includes 51 routine X-Rays on prospective teachers)

TABLE VI
Polio Immunisation

	1	2	3	"Booster"	Total
Welsh College of Advanced Technology ...	84	49	55	99	287
Llandaff Technical College	19	20	26	16	81
College of Food Technology and Commerce	12	11	5	77	105
College of Music and Drama	11	9	3	16	39
College of Art	6	1	4	16	27

TABLE VII

Showing classification of "complaints" for which the Department was consulted (These figures do not include attendances for Chest X-Ray or polio immunisation)

	Welsh College of Advanced Technology	Llandaff Technical College	College of Food Technology and Commerce	College of Music and Drama	College of Art
Cardio-vascular disease (including history of Rheumatic fever and anaemia)... ..	6	2	8	—	2
Chest (including tuberculosis) ...	12	27	15	2	2
Musculo - skeletal (including accidents)	37	43	9	3	3
Psychological and emotional (including C.N.S.)	37	33	13	8	14
Eyes (mainly defective vision)... ..	37	39	11	10	13
Abdominal (including renal and gynaecological)	32	22	13	3	5
Ear, Nose and Throat	35	19	14	9	12
Skin	23	36	14	2	11
Miscellaneous (including allergies endocrine, vaccination, routine medicals and immunisation)	49	38	22	12	19
Number Referred	59	43	17	4	6
Routine colour vision examinations	—	—	—	—	30

Accommodation visits made by Health Visitor

Routine "Accommodation" Visits	182
Special Visits	24
Information incomplete	69
"No replies"	89
Other visits to Colleges	25
Total	389

REPORT FOR 1965

of W. BATE, M.A., D.P.A., F.R.S.H., M.A.P.H.I.

Chief Public Health Inspector

This report follows the style of the previous years in order to satisfy the requirements of government departments, other officers in this field, committee members and the general reader, except that this year, to avoid duplication the City Analyst and myself have written a joint report on the food and drugs sampling and analysis. This follows the main body of my report.

The contents range over the field of environmental hygiene, there being reference to each of the following:—

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Work has been concentrated mainly on continuing the routine tasks which are the mainstay of the environmental health service. Solid effort has been applied to the daily tasks of nuisance abatement, securing completion of house repairs, inspecting food at shops and warehouses, investigating complaints of noise and air pollution, exercising surveillance over water supplies and swimming baths, following up notifications of infectious disease and the inspection of shops and food premises. There is every reason to expand the existing effort in these spheres, since the degree of inspection is below that which the problems merit. But staffing of the department is depleted and prevents this. However, it is pleasing to be able to report progress in some sizeable projects. We have maintained the agreed rate of representations of unfit houses in the provisional slum clearance programme; we have sustained the commendable start made in 1964 to carry out the inspection of thousands of premises affected by the Shops and Offices Act; for the first time, surveys have commenced which may culminate in compulsory improvement of houses under the Housing Act of 1964; and small surveys of food products have continued to be undertaken as part of the routine food and drugs sampling and analysis programme. It is to be hoped that further staff depletions will not interfere with these worth-while projects.

HOUSING

The Minister of Housing and Local Government requested in Circular 11 that local authorities should bring up to date their estimates of the total number of houses considered to be unfit for human habitation and to submit this information to him. Approximately half of the period of time covering the council's slum clearance programme (1960-1970) had elapsed. Accordingly a survey was carried out of houses which, although not in the slum clearance programme, were regarded as of an obsolescent character. By December, 1964 over 800 houses had already been dealt with for demolition or closure in either clearance areas or by individual action under the Housing Act from the number of houses in the programme, viz: 2162. As a result of the survey it was recommended to the Health Committee in February that a revised programme of 2,140 houses to be dealt with over the 10-year period, 1965-1974, should replace the existing programme. This was accepted and the proposals were forwarded to the Ministry of Housing and Local Government. The principal additions which have been made to the existing scheme mostly involve the inclusion of properties bordering or in close proximity to areas already within the existing slum clearance programme.

The Estates Committee in December, following a report presented by the Estates Manager on the housing programme and allocation of dwellings for 1966, agreed to increase the percentage of available lettings for the purpose of rehousing families displaced by slum clearance action from 25% to 30%.

During the year 248 houses were demolished at the Docks and Riverside; these had been included in compulsory purchase orders. Sixteen houses were also demolished which were subject to demolition orders. Families rehoused into council-owned property from houses included in compulsory purchase orders numbered 157, amounting in all to 478 persons.

The Housing (Slum Clearance Compensation) Act 1965 came into force in December. The provisions of this Act extend the eligibility of owner/occupiers to receive full compensation in respect of houses included in orders made before 13th December, 1970 and which were purchased between 3rd September, 1939 and 13th December, 1955, provided that they had not been in occupation longer than 15 years when the order was made. The act also extended the jurisdiction of the county courts to modify outstanding liabilities under mortgages or agreements to purchase by instalments in respect of unfit houses condemned or compulsorily purchased.

Problems of Lower Splott

Meetings were held during the year between Corporation officials, the Alkali Works Inspector and representatives of Guest Keen Iron and Steel Co. Ltd., to discuss the problems arising from the location and possible extension of the iron/steel processes of that Company at Lower Splott including the effect of these industrial processes on the area of housing at the southern end of Portmanmoor Road. These are problems of grit and dust emission, noise, and the continual passage of heavy transport through this street arising from the operation of blast furnaces, coke-oven plant, sintering, steel making and slag handling.

The future use of all land south of Walker Road and a possible planned policy for the clearance of all houses in the area over an extended period of time will be the subject of special reports to Council early in 1966.

Individual Unfit Houses

During the year, 30 houses were dealt with by individual action, as shown in the table below:—

Housing Act 1957	Houses	Displaced during the year	
		Persons	Families
(a) Unfit houses made subject to demolition orders under Section 17	4	5	3
(b) Unfit houses the subject of undertakings to demolish, provided by the owners	10	28	10
(c) Unfit houses subject to undertakings not to be used for human habitation under Section 16	3	15	5
(d) Unfit houses made subject to closing orders under Section 17	7	15	7
(e) Parts of buildings closed under Section 18	2	3	2
(f) Demolition Orders determined under Section 24	1	—	—
(g) Closing Orders determined under Section 27	3	—	—

Demolition orders

14 Ivy Street
1, 2, 3 Mynachdy Cottages

Undertakings accepted to demolish

10, 11, 12 Marlborough Terrace
1, 2, 3 De Croche Place
27, 28, 29, 30 Ivor Street

Undertakings accepted not to be used for human habitation

12 Madras Street (also included in Grangetown Area No. 1 C.P.O.)
8 Peel Street (also included in Butetown No. 2 C.P.O.)
25 South Church Street (also included in Butetown No. 2 C.P.O.)

Closing Orders

70 Churchill Way
76 Adam Street
10 Cyril Crescent
12 Cowbridge Road East
3a Fitzalan Road
19 Lucknow Street (also included in Grangetown Area No. 1 C.P.O.)
24 Bradley Street

Closing orders on parts of buildings

44 Stuart Street (1st and 2nd floors)
79 Stacey Road (Basement)

Demolition order determined after repair

27a Wellington Street

Closing Orders determined after repair

57b Albert Street
45 Wimbourne Street
1 Fox Street

Clearance Areas**Orders confirmed**

During the year the Minister confirmed the following orders, following public local inquiries:—

Butetown Nos. 2–16 C.P.O. 1964

Of 236 unfit houses, the Minister changed the category of 13 houses from unfit to fit; awarded 50 well-maintained house payments, but confirmed that the council should acquire all of the properties forming the C.P.O. area.

Grangetown No. 1 C.P.O. 1965

Of the 71 unfit houses, the Minister ruled one to be fit; awarded 17 well-maintained house payments; and confirmed the acquisition of the properties included in the area which was the subject of the compulsory purchase order.

Orders awaiting confirmation**Newtown Nos. 1 and 2 C.P.O. 1965**

An order was submitted for the compulsory acquisition of 164 unfit and 8 fit houses; a local inquiry is to be held in January, 1966.

Splott Nos. 1 and 2 C.P.O. 1965

An order was submitted for the compulsory acquisition of 7 unfit and 2 fit houses.

Gray Street, Canton Clearance Area

Thirty-one houses were defined to be clearance areas, at the end of the year. The Council had resolved to acquire the houses together with adjoining land; a C.P.O. will be submitted for confirmation early in 1966.

Areas in course of inspection**Adamsdown Area**

A survey of 150 properties in the Adamsdown area comprising Adam Street, Sandon Street and Place, Windsor Road, Victoria Street, Kite Street and Buzzard Street was commenced in January and it is anticipated that about a hundred will be considered to be unfit and the area represented for clearance by way of clearance order or compulsory purchase order.

Lower Grangetown and Plasnewydd

A preliminary survey of houses in lower Grangetown (Oakley Street, Knole Street, Hewell Street, Forrest Street and Holmesdale Street) was carried out followed by visits to houses in the Plasnewydd Ward (Milton Street, Byron Street, Shakespeare Street, Clive Place) to determine that area which, because of the general housing conditions prevailing should be considered for clearance. It was decided that the next area for complete inspections be those houses in the Plasnewydd Ward. Accordingly inspections were commenced in August of some 250 houses as a preliminary to a report to the Health Committee next year.

Purchase of houses by the Corporation in advance of slum clearance

Complete inspections of 7 houses which are included in the Council's provisional slum clearance programme, were carried out at the request of the City Housing and Estates Manager, offers of sale to the Corporation having been made by the owners.

Council housing estates and housing applications

One inspector with a female assistant is employed on this work. Their function is two-fold; to inspect council houses which are vacant and to investigate claims for rehousing or transfer on the grounds of ill health.

During the year the following visits were made:—

Vacant houses inspected	..	..	..	..	..	832
Number found verminous	..	..	..	..	..	6
Visits regarding transfers	..	..	..	..	..	403
Visits to council house applicants	..	..	..	..	..	230
Miscellaneous visits	..	..	..	..	..	28
Number of interviews at office	..	..	..	..	..	447

The number of vacant houses once again showed an increase of more than a 100 over that for 1964. This was due to the large building programme, and also to the fact that many of the new houses incorporated garage accommodation to which existing tenants transferred.

The general improvement in the standard of cleanliness of vacated houses was maintained. During 1965, the number of houses found verminous fell to a new low level of 0.72%. A further 2% were found to be dirty. Disinfestation where necessary was carried out by spraying with suitable insecticides.

Consideration was given during the year to 1,319 applications for rehousing. Of these, 339 were requests for transfers, of which 196 were recommended. The 980 applications for rehousing on medical grounds were dealt with as follows:—

Recommended immediate rehousing	..	..	..	65
Awarded medical points	..	..	..	170
Transferred to the priority group	..	..	..	42
Given special priority on account of tuberculosis in applicant's family	..	..	..	3
No special recommendation	..	..	..	547

Of the 65 recommendations for immediate rehousing 42 were in respect of old age pensioners. This shows a marked increase over the previous year. The medical conditions cited by applicants for priority for rehousing or transfer are broadly classified as follows:—

Pulmonary tuberculosis	..	..	..	..	70
Non-pulmonary tuberculosis	..	..	..	..	6
Asthma, bronchitis and other chest complaints	..	..			397
Nervous complaints and mental illness	..	..	..		310
Heart conditions	..	..	..	..	133
Rheumatism	..	..	..	..	86
Skin conditions	..	..	..	..	16
Physically handicapped	..	..	..	..	54
Other illnesses	..	..	..	..	250

Although the percentage of applications on account of pulmonary tuberculosis shows an increase over the previous year, in the majority of cases the patients were non-infectious; in only nine instances was any special recommendation made.

The pattern of ailments cited in support of applications is similar to that in previous years, chest conditions accounting for the largest number of cases, followed by nervous complaints and heart conditions. The majority of nervous conditions fall within the description of "anxiety state", being a concomitant of the living conditions of the persons concerned.

House repairs

The total number of notices served under all acts was 683 preliminary notices and 268 statutory notices. The following summary gives details:—

EXTERNAL

Roofs to be repaired or reslated	..	..	..	421
Gutters and rainwater pipes to be repaired, etc.	..	..		396
Walls and chimneys to be repointed/repaired	..	..		108
Yards/paths to be repaired or resurfaced	..	..	..	38
Soil pipes to be repaired/renewed	..	..	..	2
Drains to be cleared/repaired	..	..	..	64

INTERNAL

Dampness to be cured	206
Interior walls and ceilings to be repaired	183
Floors to be repaired	69
Staircases, etc., to be repaired	8
Fireplaces and flues to be repaired	12
Verminous/filthy premises to be cleaned	2

Legal Proceedings

Defendant No.	Offence	Fines	Costs	Total Penalties	Nuisance Order
		£ s. d.	£ s. d.	£ s. d.	
3	Did fail to comply with a notice served under Section 93 of the Public Health Act 1936	- - -	1 1 0	1 1 0	3 months
9	Did fail to comply with a notice served under Section 93 of the Public Health Act 1936	5 0 0	5 5 0	10 5 0	21 days

Local land charges register

A steady increase in the number of searches made to the corporation has been made in the last few years:

Year	1961	1962	1963	1964	1965
Visits	4,053	4,684	5,079	5,754	6,278

Each search requires investigation to ascertain the status of the property with special reference to the slum clearance programme.

In addition all houses which are the subject of corporation mortgages are now referred to the department for report to the City Treasurer.

The number of houses referred since 1961 is as follows:—

Year	1961	1962	1963	1964	1965
Visits	1,399	1,696	1,472	1,799	1,425

Compulsory improvement of houses

Because the standard and improvement grant schemes have not fulfilled their intentions the Government passed the Housing Act, 1964, to introduce a measure of compulsion into the sphere of housing presentation and improvement.

The purpose of the Act is to provide means of requiring the provision in houses of bath, or shower, wash hand basin, sink, hot water supply or a ventilated food store. Provision is also made for improving houses to a reduced standard where it is physically impossible to improve them to the full standard. A dwelling improved to the reduced standard would after improvement be provided with hot water to a sink, a water closet and satisfactory facilities for the storage of food.

In order to deal with improvements in a systematic manner, areas of houses which are sound structurally and which after improvement would remain in a habitable condition, subject to a normal maintenance for not less than 15 years, are selected.

The powers to require the compulsory improvement of dwellings is restricted to those dwellings which are tenanted.

When the inspections are completed, the local authority may by resolution declare that area to be an Improvement Area and have the area defined on a map. The local authority is then required to publish in one or more of the local papers a notice stating that the area has been declared an Improvement Area.

Any time after the declaration of an area, the Local Authority may serve the necessary preliminary notices, specifying the works required and the time and place at which the future use of the dwelling, the Local Authority's proposals and any other matters relevant to the dwellings will be discussed.

Before improvements can be effected however, written consent must be obtained from the tenant, who will be required to pay an increased rent of $12\frac{1}{2}\%$ of the owner's costs of improving the dwelling. If no consent is obtained from the tenant, then a suspended improvement notice must be served, and this notice will be of no effect for a period of 5 years when the local authority may serve a final improvement notice, and then only if the local authority offer suitable alternative accommodation.

In addition to the improvement of dwellings within an improvement area, the Act provides for the improvement of dwellings outside an improvement area, on receiving written request for such improvements by the tenant of a dwelling.

Preliminary surveys have been carried out in Plasnewydd, Llandaff North, Gabalfa and Canton, the findings of which are as follows and will be considered by the council during 1966:

Area	Houses		Lacking all Amenities		Lacking some Amenities	
	Tenanted	Owner-occupied	Tenanted	Owner-occupied	Tenanted	Owner-occupied
Plasnewydd Area bounded by Ninian Road, Wellfield Road, Albany Road and railway	351	1,345	93	87	43	64
Llandaff North Area bounded by Hailey Park, railway, College Road	237	408	148	67	24	26
Cathays Area between Whitchurch Road and North Road, north of Maindy Stadium	83	328	37	19	11	22
Canton No. 1 Area bounded by Cowbridge Road East, Clive Road, Pencisely Road, Victoria Park Road East	279	400	179	51	23	31

Rent Act

The number of applications for certificates of disrepair has again declined, consistent with the trend since 1960. Several certificates were only revealed as a result of prospective purchasers searching the local land charges register.

The following tables indicate the extent of the work in the last four years.

PART I.—APPLICATIONS FOR CERTIFICATES OF DISREPAIR

	1965	1964	1963	1962
1. Number of applications for certificates ..	4	5	7	7
2. Number of decisions not to issue certificates	Nil	Nil	Nil	Nil
3. Number of decisions to issue certificates ..	4	3	3	4
(a) in respect of some but not all defects ..	4	2	3	3
(b) in respect of all defects	—	1	—	1
4. Number of undertakings given by landlords under paragraph 5 of the First Schedule ..	—	1	4	3
5. Number of undertakings refused by local authority under proviso to paragraph 5 of the First Schedule	—	Nil	2	Nil
6. Number of certificates issued	—	3	3	4

PART II.—APPLICATIONS FOR CANCELLATION OF CERTIFICATES

7. Applications by landlords to local authority for cancellation of certificates	8	14	6	6
8. Objections by tenants to cancellation of certificates	—	6	1	1
9. Decisions by local authority to cancel in spite of tenant's objection	—	1	Nil	—
10. Certificates cancelled by local authority ..	8	8	5	5

HOUSES IN MULTIPLE OCCUPATION

Houses inspected

Throughout the year 53 additional houses were discovered to be let in multiple occupation and were inspected, together with those houses already known to the department. They were occupied by 115 families and 123 single lodgers totalling 484 individuals with an average of 4 lettings per house.

The highest number of occupants found in one house was 16, the house when initially inspected was without sufficient water supplies, sinks, cookers and ventilated food stores, the house has since been sold and is now occupied by one family.

Eighteen houses were found to be statutorily overcrowded, seven severely so; the occupants of fifteen of the eighteen houses have now been reduced to a suitable number.

Thus, to date, 239 houses in multiple occupation are known to the department; they are occupied by 551 "families" and 573 single lodgers, amounting in all to 2,501 persons.

The procedure of serving notices under sections 15, 16 and 19 of the Act continued during the year; it was not found necessary to introduce management orders.

Certain trends are beginning to emerge in this class of housing accommodation as a consequence of our attempts to implement the legislation during the last two years. Most owners now demonstrate reasonable co-operation, though there is occasional difficulty with some houses with owners of foreign extraction. Many owners are gradually reducing

the number of lettings either to avoid installing facilities or simply to reduce overcrowding. Similarly, some "top-floors" are being vacated to dispense with the necessity to build fire-escapes. On the other hand, in some cases, remedies achieved by serving notices are undone by owners reletting to new overcrowded tenants, or by disposing of the houses to new owners who create new offences. And still houses bought by Corporation mortgage are discovered to be in multiple occupation in breach of the mortgage conditions.

Notices served

Twenty-nine Statutory notices were served under section 15 requiring works to be carried out by the owner to provide additional facilities and improve the general conditions. These notices required the provision of the following extra facilities:—

Provision of ventilated food stores	165
Provision of additional lighting points	15
Provision of hot/cold water supplies	23
Provision of additional sinks	27
Provision of additional cookers	19
Provision of additional refuse bins	16
Provision of additional water closets	3
Provision of improved ventilation	24
Provision of improved natural lighting	2
Provision of baths or fixed shower	4
Provision of wash hand basins	3

On re-inspection 14 notices were fully complied with; 8 were partly complied with and 4 houses had reverted to single occupation.

Twenty-three Statutory notices were served under section 16 requiring the provision of a secondary means of escape in case of fire; this was possible owing to co-operation by the City Fire Officer. In twelve houses the fire escapes were installed or in progress and in four cases changed circumstances had rendered them unnecessary.

Thirty-eight Statutory notices were served under section 19 directing and fixing a limit as to the number of occupants permitted to occupy the house, bearing in mind the facilities and the numbers of rooms available.

One owner was prosecuted for failing to keep the number of occupants below the number which had been stipulated as a maximum for the house, in a Statutory notice served under section 19 of the Act.

The owner was fined £25 with £5 5s. 0d. costs.

Registration

The Act enables a local authority to prepare for confirmation by the Minister a scheme requiring registration of houses in multiple occupation in any part of its area. The Council resolved to submit such a scheme in respect of the Riverside and Plasnewydd wards of the city. When approved, this scheme will apply to an area of 580 acres containing approximately seven thousand houses.

AIR POLLUTION

Measurement of Air Pollutants

Deposited matter

Table I shows the extent of dust and grit fall out at the City Hall, Curran Road and Moorland Road during the year, with comparable readings from 1960. In previous years the total of deposited matter only has been shown. The present table shows the amount of insoluble matter contained in the total since this latter figure is the one considered by the

Department of Scientific and Industrial Research to be of greater significance than total deposit. The average of the six highest and the six lowest rates of deposition in the United Kingdom are also shown. The national figures are for the year 1963-64, these being the most recent which are available. They are the six lowest and highest from 608 sites. The units used are tons per square mile per month, but it is expected that this will be superseded by milligrammes per square metre per day. It is of interest to note that in an area of South Wales where there has been constructed a vast new integrated steelworks, fitted with the latest dust suppression devices, the average deposition for the year was 24 tons per square mile per month of insoluble matter. This figure should be compared with the Cardiff Moorland Road site, which also monitors a steelworks.

TABLE I
Yearly average of monthly rates of deposition in tons per square mile 1960-1965

	1960	1961	1962	1963	1964	1965
City Hall						
Total deposited matter	13	12	14	13	10	12
Insoluble matter	7	6	8	8	6	6
Curran Road						
Total deposited matter	18	15	15	13	13	13
Insoluble matter	11	9	10	8	8	9
Moorland Road						
Total deposited matter	33	30	23	27	23	29
Insoluble matter	22	18	15	18	16	19

Average of six highest readings U.K. 1963-1964: Insoluble matter ... 40

Average of six lowest readings U.K. 1963-1964: Insoluble matter ... 13

Smoke and Sulphur Dioxide

Table II gives the readings of smoke and sulphur dioxide, taken at six points in the city. The yearly average of daily readings, together with the highest and lowest readings for the year, and comparable figures for previous years are shown. It should be noted that the national averages quoted are for the whole of the United Kingdom; previous results have been given for England and Wales only. The inclusion of Scotland and Northern Ireland bring in many stations in comparatively clean areas, and therefore reduce the national low average. A total of 437 smoke and 404 sulphur dioxide readings are shown in the national survey which is for the year 1963-64, and the latest available. The variation between summer and winter pollution during the year is shown in Table III, and the pattern is similar to that seen in previous years. Smoke is two to two-and-a-half times greater in winter than in summer, sulphur dioxide the same, and deposited matter slightly higher in the winter. All these results are shown graphically in tables IV, V, VI and VII. An additional graph is shown giving insoluble matter in milligrammes per cubic metre per day, which is the form in which deposited matter is analysed and reported by the Department of Scientific and Industrial Research.

TABLE II

Average highest and lowest values of daily readings for smoke and sulphur dioxide 1959-1965
(microgrammes per cubic metre)

	Smoke						Sulphur Dioxide							
	1959	1960	1961	1962	1963	1964	1965	1959	1960	1961	1962	1963	1964	1965
City Hall	Average ...	60	52	48	43	42	35	81	76	60	69	70	69	66
	Highest value	290	270	290	407	254	310	343	314	289	298	375	283	375
	Lowest value	0	0	10	2	0	4	14	3	0	4	6	9	0
Curran Road	Average ...	90	90	92	89	83	54	86	86	76	85	87	63	79
	Highest value	580	570	621	720	452	412	428	343	301	536	404	432	449
	Lowest value	0	0	0	4	0	0	3	3	0	6	3	0	0
Moorland Road	Average ...	90	90	79	73	56	54	106	113	91	93	109	96	87
	Highest value	560	450	418	536	400	484	400	400	401	375	529	636	644
	Lowest value	10	10	10	0	0	0	25	14	14	12	0	0	0
Llanishen Res.	Average ...	40	45	38	33	27	21	57	51	37	19	32	47	42
	Highest value	230	260	202	220	201	168	286	200	204	198	292	203	365
	Lowest value	0	0	0	0	0	0	0	0	0	0	0	0	0
Croft Street	Average ...	—	—	—	96	76	65	—	—	—	97	96	102	97
	Highest value	—	—	—	438	381	440	—	—	—	373	579	466	389
	Lowest value	—	—	—	14	1	0	—	—	—	4	0	16	8
Llanrumney Clinic	Average ...	—	—	—	39	42	32	—	—	—	57	72	59	49
	Highest value	—	—	—	289	193	222	—	—	—	343	314	237	271
	Lowest value	—	—	—	1	0	0	—	—	—	0	7	0	0
Average of six highest readings in U.K. 1963/1964														
Average of six lowest readings in U.K. 1963/1964														
373														
26														
329														
28														

TABLE III
Comparison of summer and winter averages, April 1964–March 1965

	Summer Average: April-September						Winter Average: October-March						Annual Average					
	City Hall	Curran Road	Moorland Road	Llanishen Res.	Croft Street	Llanrumney Clinic	City Hall	Curran Road	Moorland Road	Llanishen Res.	Croft Street	Llanrumney Clinic	City Hall	Curran Road	Moorland Road	Llanishen Res.	Croft Street	Llanrumney Clinic
SMOKE microgrammes/cubic metre	21	33	23	11	34	18	59	98	90	39	128	52	40	71	57	25	81	35
SULPHUR DIOXIDE microgrammes/cubic metre	47	36	59	36	66	16	80	97	138	61	138	61	64	67	99	49	102	39
DEPOSITED MATTER tons/sq. ml.	8	11	21	—	—	—	14	14	30	—	—	—	11	13	26	—	—	—

Notification and prior approval

Table IV shows the number of notifications and requests for prior approval dealt with during the year. It is believed that these represent only a fraction of the new plant being installed in the city, in which case many industrialist and installation firms are contravening the Act.

TABLE IV
Notification of new installations received during 1964

Type of appliance	No. of Boilers fired by				Total added capacity BTU/hr.
	Coal	Oil	Gas	Total	
Hot water boilers					
0—100,000 	1	—	—	1	65,000
100,001—500,000 	—	1	1	2	595,000
500,001—1,000,000 	—	9	—	9	7,024,000
1,000,000 and over 	—	—	—	—	
Air heaters 	—	2	1	3	2,600,000
Steam boilers 	—	3	—	3	289,000 lbs./hr. steam

Total Notifications 18

Total Prior Approvals 9

Alkali works

The number of works within the city registered under the “Alkali Works Registration” Act is unaltered. The department received notification in July that repair work on the gas main at the coke ovens of the steel works in the Splott area, was going to be undertaken. On the last occasion that this was done in 1962, a serious nuisance was caused due to the emission of raw coke oven gas to the atmosphere. On this occasion, organisation of the repair work was such that the period during which gas was bled to atmosphere was minimised, and although the concentration of gas at the coke oven plant was such as to reduce visibility to a matter of yards, no complaints were received from the inhabitants of the neighbourhood.

Routine observations and investigations

One inspector is employed solely on this work and district public health inspectors also undertake routine visits. A total of 1,115 visits were made to industrial, commercial and domestic premises, and 2,063 observations made of smoke from chimneys in various premises.

OFFICES, SHOPS AND RAILWAY PREMISES

Registration

This has been the first full year of operation of the Offices, Shops and Railway Premises Act, 1963, the main provisions of which came into operation on 1st August, 1964. At the end of the year the number of premises registered was 4,188, of which 1,917 (46%) received a general inspection during the year. In the last five months of 1964, 680 premises had been inspected so that by 31st December, 1965, 68.5% of the registered premises had received a general inspection. At the present rate of inspection it is anticipated that all registered premises will have been visited by the middle of 1966.

Although all existing premises should have been registered by 1st August, 1964, it was necessary throughout the year to canvass for late registrations and of the 817 new registrations received, less than 10% were submitted without having been requested.

It is therefore, impossible even at this stage to give an accurate number of premises to which the Act applies. The following table compares the figures at the end of 1964 and 1965.

	No. of premises registered at 31st Dec., 1964	No. of premises registered during 1965	No. of premises registered at 31st Dec., 1965
Offices	1,773	301	1,941
Shops	1,322	397	1,606
Wholesale shops and warehouses ...	308	107	401
Catering establishments and canteens	227	12	239
Fuel storage premises	8	—	1
TOTALS	3,638	817	4,188

The deficit of 267 premises is made up of premises which closed down, moved away, ceased to employ persons or were found, on inspection to be "factory offices" and therefore the responsibility of Her Majesty's Inspector of Factories.

Inspection of premises

The initial general inspection of premises has continued during the year, inspection of 1,917 premises having been made. A considerable amount of time was taken up by visits to unregistered premises to check whether or not the Act applied, as a result of which nearly 800 unregistered premises were discovered.

Premises which received a general inspection were:—

Offices	1,035
Shops	731
Wholesale shops and warehouses..	132
Catering establishments	19

As a result of these inspections it was found necessary to draw the attention of the occupiers or owners of 1,695 premises (89% of those inspected) to various contraventions of the Act, and for this purpose 1,721 notices were served—1,673 on occupiers, and 48 on owners or their agents in respect of common parts of multi-occupied buildings.

The total number of contraventions discovered was 6,428, and these are analysed in the following table:—

Section	Contraventions	Number
4	Failure to keep premises clean—(a) rooms ..	202
	(b) common parts ..	38
5	Rooms overcrowded	21
6	Failure to maintain a reasonable temperature ..	58
	Appliances causing noxious fumes	5
	Failure to provide thermometers	813
7	Rooms not effectively ventilated	215

Section	Contravention	Number
8	Failure to provide suitable and sufficient lighting to:	
	(a) rooms	131
	(b) corridors and staircases	32
	Failure to keep windows clean—(a) rooms	14
	(b) corridors and staircases ..	1
	Failure to maintain electric wiring in safe condition	19
9	Failure to provide sufficient sanitary conveniences ..	109
and sanitary	Failure to keep sanitary conveniences clean ..	266
conveniences	Failure to effectively light sanitary conveniences ..	315
regulations.	Failure to effectively ventilate sanitary conveniences	183
	Failure to properly screen sanitary conveniences ..	52
	Failure to provide suitable door fastenings	117
	Failure to mark conveniences “male” or “female” ..	329
	Failure to provide means for disposal of sanitary dressings	57
	Fittings and fixtures in need of repair or renewal ..	201
	Floors in need of repair	32
	Conveniences obstructed by stock, goods, etc. ..	22
10	Failure to provide sufficient washing facilities ..	187
and washing	Failure to keep washing facilities clean	102
facilities	Failure to effectively light washing facilities	39
regulations	Failure to effectively ventilate washing facilities ..	36
	Failure to provide a supply of hot running water ..	460
	Failure to provide a supply of soap and towels ..	13
	Failure to protect washing facilities from the weather	2
	Fittings and fixtures in need of repair or renewal ..	72
	Floors in need of repair	8
	Washing facilities obstructed by stock, goods, etc. ..	17
12	Failure to provide accommodation for outdoor clothing	17
13	Failure to provide sufficient seats	26
14	Failure to provide footrests	1
15	Failure to provide facilities for eating meals ..	2
16	Failure to maintain floors and floor covering in good repair—(a) rooms	229
	(b) corridors	52
	Failure to maintain staircases in good repair ..	41
	Failure to provide handrails	195
	Failure to fence openings in floors	15
17	Failure to effectively fence machinery	7
24	Failure to provide a first aid box	814
50	Failure to display a copy of the abstract of the Act	824

As in 1964, a large number of premises failed to comply simply because of the absence of thermometers, first aid boxes or failure to display a copy of the abstract of the Act.

The following observations are offered on the various provisions of the Act, in the light of 17 months enforcement.

(a) Cleanliness (S.4)

Some 240 premises were considered to require cleaning. A new provision enabling a local authority to require redecoration of premises would be welcome, and would be more appropriate for dealing with many of the conditions discovered.

A suggestion to a firm of bookmakers to change the colour scheme in their betting offices from all yellow to yellow and black has resulted in less frequent re-decoration, and, incidentally more attractive premises.

(b) Overcrowding (S.5)

This has not been a major problem, only 21 cases being discovered during the year. A high percentage of office premises (in which overcrowding is to be expected) have now been examined and 32 cases of overcrowding (21 in 1965, 11 in 1964) is an unexpectedly low number. Offices still to be inspected are "out of town" and little overcrowding is anticipated. In many of the 32 premises, steps have already been taken to abate the overcrowding despite the period of grace (until 1st August, 1967) allowed by the Act. Details of the overcrowding found in 1965 is set out in the following table:—

Type of premises	Rooms affected	No. of persons		Space per person
		Occupying room	Permitted	
Photographic dealers	1	1	Nil	20 sq. ft.
Departmental store	1	2	2	*40 sq. ft.
Builders merchants	1	1	Nil	34 sq. ft.
Bank	1	3	3	*46 sq. ft.
Wholesale furnishers	3	{ 12	10	35 sq. ft.
		{ 1	Nil	33 sq. ft.
		{ 4	4	48 sq. ft.
Railway undertaking	1	13	10	326 cu. ft.
Electrical retailers	1	3	2	34 sq. ft.
College of Advanced Technology ...	3	{ 2	2	*415 cu. ft.
		{ 4	3	380 cu. ft.
		{ 2	1	305 cu. ft.
Industrial cleaners	1	6	4	30 sq. ft.
Builders merchants	1	5	4	37 sq. ft.
Electrical wholesalers	1	4	3	35 sq. ft.
Electrical wholesalers	1	5	4	330 cu. ft.
General wholesalers	1	30	32	*415 cu. ft.
Paint wholesalers	1	1	Nil	33 sq. ft.
General wholesalers	1	2	Nil	145 cu. ft.
Solicitors	2	{ 4	3	30 sq. ft.
		{ 3	2	33 sq. ft.
Solicitors	1	2	1	305 cu. ft.
Consulting engineers	1	2	1	336 cu. ft.
Wholesale motor factors	1	3	2	27 sq. ft.
Builders merchants	1	2	1	35 sq. ft.
Coal Board	1	5	4	356 cu. ft.

*Overcrowded within the meaning of S.5(1) by reason of excessive furniture.

(c) Temperature (S.6)

58 cases of inadequate heating were discovered, the majority of these being in shop premises, where heating arrangements were often non-existent. The tendency in certain trades—mainly the furniture and television dealers—to keep shop doors permanently open does not help in maintaining the minimum temperature. Several enquiries have been received about a maximum temperature, and while over-heating can often be associated with inadequate ventilation, a legal maximum temperature would be useful.

Several gas heating appliances were found to emit noxious fumes and these were referred to the local Gas Board, who welcome such notification.

An increasing number of paraffin heaters were encountered, and while they are often sufficient to maintain a reasonable temperature, these are referred to the Chief Fire Officer, where any safety measures are considered necessary.

(d) Ventilation (S.7)

215 premises were found to contain rooms in which the ventilation was considered inadequate. In the absence of a legal standard, physical comfort is the only convenient means of assessing the adequacy of air movement. Both employers and staff are extremely apathetic over effective ventilation and frequently complain of draughts when improvements are suggested.

Modern shop fronts make no provision for ventilation, and the traditional opening fanlight over the entrance door has virtually disappeared.

(e) Lighting (S.8)

The absence of a lighting standard has made the complete enforcement of section 8 of the Act extremely difficult. However, during the last three months of the year a special survey of lighting conditions was made at the request of the Minister of Labour, with a view to obtaining sufficient information on which to base regulations which will presumably contain, among other things a minimum level of illumination for various types of premises. A copy of the information supplied to the Minister is set out below.

I. General impression of the standards of lighting in offices and shops, including staircases, corridors, washplaces, etc.

Although standards of lighting vary considerably, even in similar types of premises, the ability of the human eye to adjust itself to the available amount of light creates the overall impression that the standards are generally satisfactory. Subsequent light meter readings disprove this impression and it becomes obvious that even poor lighting conditions are accepted by both employers and employees, presumably because they have known no better.

II. Examples of unsatisfactory lighting.

Although many examples of unsatisfactory lighting have been found, they cannot be associated with any particular class of premises. The general acceptance of "strip" lighting and the consequent disuse of shades and globes has done much towards providing more light. Many of the tungsten filament lamps still in use were found to be totally enclosed with translucent glass shades or globes with the resultant loss of up to half the available amount of light.

Light fittings have in many cases been found to be badly sited, and this may largely be attributed to repositioning of desks and fixtures following staff increases. This of course applies mainly to office premises.

"Common parts" of buildings, although often provided with fittings and wiring were found to be lacking in bulbs or to contain broken bulbs.

On the other hand, sanitary conveniences in a high percentage of premises were without any form of lighting. Stockrooms have been found to be mainly dependent upon artificial light and even this in many cases has been the barest minimum.

III. Recommended standards.

A general minimum standard of 20 lumens has been recommended to occupiers in cases where improvements in lighting have been required. This has been generally accepted by occupiers as being a reasonable compromise bearing in mind the recommendations of the Illuminating Engineering Society and the standard proposed in previous legislation.

This figure has only been applied to "workrooms" and no standard has been set for corridors, staircases or conveniences.

IV. Glare.

Few instances of glare have been encountered; and none of these were considered to be excessive. No standard, other than personal observation, has been used in assessing glare.

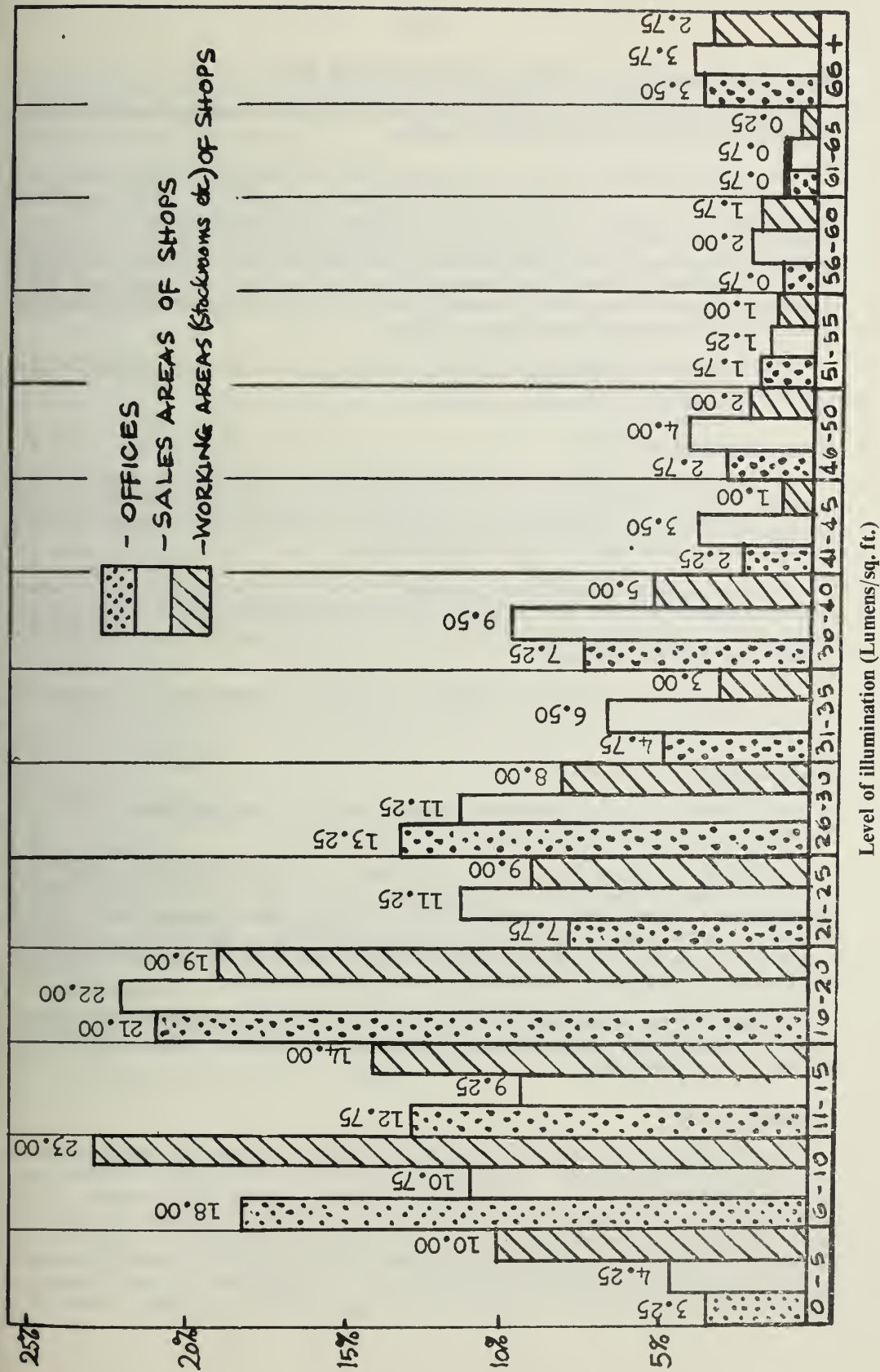
V. The following statistical information was collected as a result of light meter readings in 316 premises (134 offices and 182 shops).

LEVELS OF ILLUMINATION IN CARDIFF SHOPS AND OFFICES SURVEYED DURING NOVEMBER, 1965

Level of Illumination (Lumens/Sq. Ft.)

Lumens per sq. ft.	Number of rooms with light meter readings within the given range—November, 1965				
	Office premises		Shop premises		
	Daylight & artificial light	Daylight only	Sales areas		"Working areas"
			Daylight & artificial light	Daylight only	Daylight & artificial light
0-5	23	280	22	252	37
6-10	127	80	54	76	84
11-15	87	34	46	20	49
16-20	147	18	111	12	72
21-25	55	14	56	2	36
26-30	92	26	57	3	31
31-35	33	14	33	5	11
36-40	51	12	48	3	18
41-45	15	8	18	—	4
46-50	19	6	20	—	8
51-55	11	1	7	—	5
56-60	8	1	10	—	7
61-80	19	—	12	—	4
81-100	5	—	8	—	5

LEVELS OF ILLUMINATION
in Cardiff shops and offices surveyed during November, 1965



Level of illumination (Lumens/sq. ft.)

Sanitary accommodation and washing facilities (Ss.9 and 10)

Defects in sanitary accommodation and washing facilities again accounted for a large proportion of the total items included in notices.

Lack of electric light in water closet compartments and the absence of a supply of hot running water were common faults. Only 52 premises had insufficient water closets, but it was necessary to require the provision of additional wash hand basins in 187 cases. Regulations stipulating the number of conveniences and facilities were borne in mind when inspections were carried out, although these will not come into operation until 1st January, 1966. The cleaning of sanitary conveniences was found to be a sadly neglected chore, especially in conveniences situated externally. One in seven premises contained lavatories which were not considered to be in a clean state.

One in four premises lacked a supply of hot water. In two premises washing facilities were sited in an open yard.

Floors and staircases (S.16)

Floors and floor coverings warranted a good deal of attention, 15% of the premises inspected being unsatisfactory in some respect. Some of the blame for the bad state of repair, particularly in the case of floor covering must be attributed to stiletto heels, a problem to which there would appear to be no ready answer.

In shops the obstruction of floors and staircases by goods due to lack of storage space presents a hazard. In offices, the increase in the use of adding machines, comptometers and electric typewriters has resulted in electric cables being trailed across floors from desks to inconveniently sited power points.

Staircases on the whole are well maintained, although it was necessary in 1 in 10 premises to require the provision of handrails where they did not exist.

First aid (S.24)

43% of premises did not possess an adequate supply of first aid equipment; in fact 40% had none at all.

Section 24(4) requires that as from 1st September, 1965, in any premises where more than 150 persons are employed, one of the persons in charge of a first aid box must be trained in first aid and always available during working hours. There are about 20 such premises in the city and at the end of the year negotiations were in hand between the employers and the two training organisations (The St. John Ambulance Association and the British Red Cross Society) for the training of sufficient personnel.

During the year 3 certificates of exemption from various first aid provisions were granted in respect of three premises where fully equipped and staffed medical centres or first aid rooms are maintained.

Exemptions (S.46)

Two applications for exemption from the provisions of sections 5(2) (minimum space standard), 6 (maintenance of a reasonable temperature), 9 (provision of sanitary conveniences) and 10(1) (provision of running water for washing) which were received in 1964 were considered during the year. In the first case, in respect of a greyhound racing stadium offices, the application for exemption from section 5(2) was considered to be premature as the section will not fully apply until August, 1967. The applications in respect of sections 9 and 10(1) were considered unnecessary as both sections were satisfied and that in respect of section 6 was rejected on the grounds of practicality. In the second case, in respect of a

newspaper kiosk in a bus station, the application for exemption from sections 5(2) and 6 were considered unnecessary as both sections were satisfied. The application in respect of section 10(1) was rejected on the grounds of practicality and that in respect of section 9 was granted for a period of two years.

Accidents

A total of 97 accidents were notified to the department during the year. A detailed analysis of the location, causes and extent of injuries sustained is set out in the following table:—

Accidents	Class of Premises				
	Offices	Retail shops	Wholesale shops and warehouses	Catering establishments and canteens	Totals
1. No of accidents reported ...	26	38	19	14	97
2. No. of accidents investigated ...	15	20	14	13	62
3. Action taken:					
(a) prosecution	—	1*	—	—	1*
(b) formal warning	—	2†	—	1	3†
(c) informal advice	2	6	1	—	9
(d) none	24	29	18	13	84
4. Causation:					
(a) machinery	—	4	—	—	4
(b) transport	—	—	1	—	1
(c) falls of persons	13	12	10	8	43
(d) stepping on or striking against object/person ...	1	3	1	—	5
(e) handling goods	6	14	5	1	26
(f) struck by falling objects ...	4	2	—	1	7
(g) fires and explosions	—	—	—	3	3
(h) electricity	—	—	—	—	—
(i) use of hand tools	—	2	—	—	2
(j) not otherwise specified ...	2	2	1	1	6
5. Injuries sustained:					
(a) fractures and dislocations ...	4	3	7	2	16
(b) sprains and strains	9	13	2	2	26
(c) internal injury	—	—	—	—	—
(d) open wounds/surface injury ...	3	12	2	1	18
(e) bruising and crushing	9	9	6	3	27
(f) foreign body in orifice	—	1	—	—	1
(g) burns	—	—	—	6	6
(h) multiple injuries	1	1	1	—	3

*Prosecuted for failure to notify—notification subsequently received.

†One formal warning to notify accidents.

Legal proceedings

During the year it was found necessary to institute legal proceedings against occupiers of two premises. The details are as follows:—

Defendant No.	Offence	Fine	Cost	Total Penalties
15	(1) Did fail to keep clean glazed windows of shop premises contrary to section 8(3) ...	£ 5	£ s. d. 2 2 0	£ s. d. 7 2 0
	(2) Did fail to make effective provisions for securing and maintaining a reasonable temperature in shop premises contrary to Section 6(1)	10	2 2 0	12 2 0
	(3) Did fail to provide a supply of hot running water at washing facilities in shop premises contrary to Section 10(1)	10	2 2 0	12 2 0
	(4) Did fail to make effective provision for ventilating a sanitary convenience in shop premises contrary to Section 9(2)	10	2 2 0	12 2 0
	(5) Did fail to provide a suitable thermometer contrary to Section 6(4)	3	1 1 0	4 1 0
17	(6) Did fail to send notice of an accident at shop premises contrary to Section 48 ...	1	3 3 0	4 3 0

SHOPS ACT 1950

As a result of representations by the local Chamber of Trade in the latter months of 1964, early in the year a poll was conducted of shopkeepers in the city centre to ascertain if they wished a weekly half holiday exemption order to be made and to which trades such an order would apply. Voting papers were distributed to 567 shops who were entitled to vote and of these 309 were returned duly completed, of this number 170 were in favour of an exemption and 139 against. The Council made an exemption order for the following classes of traders:—

- Agricultural and horticultural merchants
- Booksellers
- Builders merchants
- Carpet retailers
- Chemists and druggists
- China and glass, hardware retailers
- Clothiers and outfitters
- Decorators supplies
- Drapers
- Dry cleaners and dyers
- Engravers
- Fancy goods, leather goods, art jewellery retailers
- Fish and chip friers
- Foot comfort specialist
- Fruiterers and greengrocers
- Furnishers
- Grocers and provision merchants
- Heating and sanitary equipment suppliers
- Jewellers and watchmakers
- Knitting wool and woollen goods retailers

Milliners
 Motor, motor cycle and cycle accessory retailers
 Music shops
 Opticians
 Photographic suppliers
 Sewing machine retailers
 Shop display equipment retailer
 Soft furnishings and linen retailers
 Stationers
 Sports outfitters
 Television, radio and electrical goods retailers
 Toy retailers
 Travel agents
 Mixed shops

The order was confirmed by the Council and became operative on the 13th April, 1965. 230 visits were made in connection with the Act relating to Closing Hours.

WATER SUPPLY

Cardiff Corporation waterworks department is responsible for the supply of water to approximately 116,250 separately rated dwellings and a population of 378,600 in Cardiff, Barry, Penarth, Nantgarw, Taff's Well and the Cardiff Rural district. All supply is from public water mains direct to the house. There are no standpipes for general domestic use. The supply in the whole area has been satisfactory in both quality and quantity. 1,166 bacteriological samples were taken, 50 from raw water sources and 1,116 from the treated water supply. 442 chemical samples were taken, 62 from raw water and 380 from treated water.

Twenty-three bacteriological samples of treated water were found to be unsatisfactory and a few complaints were received of contamination, by suspended matter usually following main cleaning operations or minor repair works. Immediate action was taken to investigate the cause and when discovered the necessary action was taken to sterilise the mains involved.

The fluoride content of the various supplies in Cardiff has been reported by the City Analyst as follows:—

	<i>Fluoride content in parts per million</i>
Llandegfedd Treated Water (Croft Street)	0.070
Cartref Mixed Filtered Water	0.030
Llwynon Mixed Filtered Water	0.030

The new reservoir at Llandegfedd has a total capacity of 5,000,000,000 gallons and supplies 9,000,000 gallons a day to the Cefn Mably reservoir for distribution. Most of the water for Llandegfedd is pumped from the river Usk at Rhadyr. This water contains 110 parts per million, total hardness compared with 40 parts per million in the Cwm Taf supply. After treatment the supply is corrected to a pH value of 8.0.

The results of 20 recent analyses are shown below:—

	<i>Average</i>	<i>Lowest</i>	<i>Highest</i>
pH	8.0	8.0	8.65
Alkalinity to pH4.5 (as CaCO ³)	87	80	90
Calcium (as CaCO ³)	91	88	96
Magnesium (as CaCO ³)	18	12	23
Iron (Fe)	Nil	Nil	Nil
Manganese (Mn)	0.01	Nil	0.11

	<i>Average</i>	<i>Lowest</i>	<i>Highest</i>
Aluminium (Al)	Nil	Nil	Nil
Copper (Cu)	Nil	Nil	Nil
Lead (Pb)	Nil	Nil	Nil
Zinc (Zn)	Nil	Nil	Nil
Sodium (Na)	5.5	(single determination)	
Potassium (K)	1.4	(single determination)	
Chloride (Cl)	14.0	12.5	15.5
Silica (SiO ²)	2.18	1.15	3.00
Phosphate (PO ⁴)	0.03	0.02	0.04**
Fluoride (F)	0.026	(single determination)	
Nitrogen, ammoniacal (N)	0.011	0.002	0.031
Nitrogen, Albuminoid (N)	0.039	0.026	0.053
Nitrogen, Nitrite (N)	Nil	Nil	Nil
Nitrogen, Nitrate (N)	0.50	0.15	0.70
Oxygen absorbed from KMnO ⁴ (N)	0.56	0.32	0.80

** Five determinations only

SWIMMING BATHS

There are four swimming baths owned by the local authority and two privately-owned pools in the city. Field tests of water for the chlorine content was carried out by public health inspectors on 146 occasions. 222 samples were taken for bacteriological and chemical examination.

A description of each bath and the results of the samples are given in the following tables:—

Swimming Baths: descriptions

Address	Description	Source of water used for filling	Method of Treatment	Frequency of water changing
Guildford Crescent (mixed)	75' x 27' x 6' 60,000 gallons	Mains Water	Filtration and continuous chlorination	Four hourly circulation
Male	60' x 22' x 6' (2' 9") 30,000 gallons			
Female	50' x 22' x 6' (2' 9") 30,000 gallons			
Empire Pool (mixed)	165' x 60' x 16' (3') 636,000 gallons	Mains water	Filtration and continuous chlorination	Four hourly circulation
Llandaff Fields (open-air, mixed)	150' x 90' x 6' 10" (1' 8") 500,000 gallons	Mains water	Filtration and continuous chlorination	Ten hourly circulation
Sploott (open-air mixed)	100' x 30' x 6' (2') 100,000 gallons	Mains water	Filtration and continuous chlorination	Four hourly circulation
Private School (girls) (enclosed)	70' x 30' x 8' (2' 6") 65,000 gallons	Mains water	Filtration and continuous chlorination	Eight hourly circulation
Factory (open-air, mixed)	80' x 25' x 6' (4') 62,500 gallons	Mains water	Chlorinated by hand (hypochlorites)	Emptied and re-filled weekly

BATH	No. of samples	NUMBER OF ORGANISMS	
		Coliform bacilli per 100 ml.	Faecal coli per 100 ml.
Guildford Crescent	134	0	0
	1	1	1
	2	2	0
	2	3	3
	1	9	9
	1	18	18
Empire Pool	46	0	0
Sploott (open air)	20	0	0
Llandaff Fields (open air) ...	8	0	0
Private School	4	0	0
Factory	3	0	0

The poor results on a few occasions at the Guildford Crescent baths were at a time when heavier bathing loads than usual occurred. Follow-up samples and chlorine tests indicated that the water was satisfactory.

RODENT CONTROL

Five rodent operatives are employed under the control of a rodent officer. It is becoming difficult to recruit suitable men for this work.

Sewer maintenance treatments

During January and February 241 manholes which belong to 27 districts previously found to be infested were each treated with fluoracetamide poison.

During May and June trays were installed where necessary in 1,437 manholes belonging to 22 of the above 27 districts and completely treated with fluoracetamide poisons.

During September and October 1,380 manholes belonging to 21 of the above 22 districts were again treated with fluoracetamide poison.

Local authority premises

These include public works yards, stores, workshops, depots, Roath Abattoir, schools, parks, baths and all the refuse tips within the city. All have been treated during the year (in some cases as many as four times).

Maintenance treatments for business premises

During the year the Corporation undertook to maintain treatments at various intervals for 356 business premises which included cafes, food stores, shops, warehouses, cinemas, offices, a bakehouse, cold stores, breweries, hotels, bingo halls, the Central Market, garages, bus depots, refuse tips, cleansing depots and a farm. This is 10 fewer than last year with a consequent decrease in contract value of £62 5s. 0d. Contracts ranged from £2 10s. 0d. to £60 and the total income amounted to £3,699 10s. 0d.

Single treatments for 104 business premises were also carried out for the total sum of £213 5s. 0d. Thus the total income was £3,912 15s. 0d. a decrease of £43 10s. 0d. compared with 1964.

Private dwellings

A free service is given to domestic premises and during the year 1,023 complaints were dealt with. In all 392 premises were dealt with for rats, 95 for mice; the remaining 536 were investigated and where necessary test baited without establishing the existence of any infestation.

In a few premises where mice appeared to be resistant to Warfarin poison, medium oatmeal with 10% of Arsenic poison added was used with reasonable success, otherwise medium oatmeal with 5% of No. 5 Warfarin was used throughout the year.

Some 159 suspect drains were reported by the operatives and without exception all proved to be defective after being tested.

Other activities

49 wasps nests (18 more than last year) were destroyed and the sum of £38 5s. 0d. received for this service.

Pigeons

242 adult birds, 35 fledgelings and 88 eggs were removed at night from Corporation buildings, the City Hall, Clare Road Depot, South Church Street School, also from the Cardiff Royal Infirmary, The Tudor Hotel and West Park Garage, Collingdon Road. The sum of £31 10s. 0d. was received for this service at privately-owned premises.

Analysis of Surface Infestations

This is reproduced in the form required by the Ministry of Agriculture, Fisheries and Food for the year ending 31st December, 1965.

	TYPE OF PROPERTY				
	Non-Agricultural				
	(1)	(2)	(3)	(4)	(5)
	Local Authority	Dwelling Houses (inc. Council Houses)	All Other (including Business Premises)	Total of Cols. (1), (2) and (3)	Agricultural
I. Number of properties in Local Authority's District	302	71,383	10,647	82,332	No record
II. Total number of <i>properties inspected</i> as a result of <i>Notification</i>	73	1,023	460	1,556	Nil
No. of such properties found to be infested by:					
Common rat Major	3	Nil	Nil	3	1
Minor	40	392	197	629	Nil
Ship rat Major	Nil	Nil	Nil	Nil	Nil
Minor	Nil	Nil	Nil	Nil	Nil
House mouse Major	Nil	Nil	Nil	Nil	Nil
Minor	24	95	83	202	15
III. Total number of <i>properties inspected</i> in the course of <i>survey under the Act</i>	Nil	Nil	Nil	Nil	Nil
No. of properties found to be infested by:					
Common rat Major	—	—	—	—	—
Minor	—	—	—	—	—
Ship rat Major	—	—	—	—	—
Minor	—	—	—	—	—
House mouse Major	—	—	—	—	—
Minor	—	—	—	—	—
IV. Total number of <i>properties otherwise inspected</i> (e.g. when visited primarily for some other purpose)	251	4,094	15,910	20,255	Nil
No. of such properties found to be infested by:					
Common rat Major	—	—	—	—	—
Minor	—	—	—	—	—
Ship rat Major	—	—	—	—	—
Minor	—	—	—	—	—
House mouse Major	—	—	—	—	—
Minor	—	—	—	—	—
V. Total inspections carried out including re-inspections	324	5,117	16,370	21,811	15
VI. Number of infested properties (in Sections II, III & IV) treated by L.A.	67	487	280	834	1

NOISE ABATEMENT

The number of complaints made to the department of excessive noise were 47, an increase of 16 on the previous year.

In 80% of cases dealt with, it is only necessary for an inspector to visit the area and discuss the matter with the complainants and offenders and an immediate improvement results.

The remaining 20% present to the department a problem of time and manpower the like of which, in routine work, has not been felt by any other legislation either new or old.

One complaint which exemplifies this was dealt with during the year. The department received repeated complaints, from residents in an area of the city, that a club situated in a residential area was causing such a level of noise as to be a nuisance. Inspectors carried out investigations at many houses in the vicinity during the hours at which the club was open to members. An objection to the licensing of the club was lodged and after a lengthy legal case the Recorder refused to grant a licence to the club. Two inspectors spent 98 hours investigating this complaint between the hours of 10 p.m. and 2 a.m.

Other complaints were of noise nuisances alleged to be emanating from the following classes of premises:—

Domestic premises	10
Factory and industrial premises	32
Vehicles	2
Clubs	2
Milk bottling premises	1

FACTORIES

The number of factories on the register numbered 1,220. Inspection of factories were carried out as a result of notification from Her Majesty's Inspector of Factories and as a routine part of the inspectors' work. Because of pressure of other work, factory inspections tend to be neglected. Details of the work carried out is indicated in the following tables:—

1. Inspections for Purposes of Provision as to Health

PREMISES (1)	Number on Register (3)	Number of		
		Inspections (4)	Written Notices (5)	Occupiers Prosecuted (6)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by local authorities ...	68	22	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the local authority ...	957	180	—	—
(iii) Other premises in which Section 7 is enforced by the local authority (excluding out-workers' premises)	195	64	—	—
TOTAL	1,220	266	—	—

2. Cases in which Defects were found

PARTICULARS (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (7)
	Found (3)	Remedied (4)	Referred to H.M. Inspector (5)	Referred by H.M. Inspector (6)	
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary conveniences (S.7)					
(a) Insufficient	2	2	—	1	—
(b) Unsuitable or defective	5	5	—	1	—
(c) Not separate sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork) ...	—	—	—	—	—
TOTAL	7	7	—	2	—

3. Outworkers

NATURE OF WORK (1)	SECTION 133			SECTION 134		
	No. of outworkers in August list required by Section 131(1) (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in un-wholesome premises (5)	Notices served (6)	Prosecutions (7)
Paper bags	—	—	—	—	—	—
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	—	—	—	—	—	—
Brush making	—	—	—	—	—	—
Pea picking	—	—	—	—	—	—
Feather sorting	—	—	—	—	—	—
Carding, etc., of buttons, etc.	—	—	—	—	—	—
Stuffed toys	—	—	—	—	—	—
Basket making	—	—	—	—	—	—
Chocolates and sweetmeats	—	—	—	—	—	—
Cosaques, Christmas stockings, etc.	—	—	—	—	—	—
Textile weaving	13	—	—	—	—	—
Lampshades	—	—	—	—	—	—
TOTAL	13	—	—	—	—	—

GENERAL ENVIRONMENTAL HYGIENE

Complaints and consequential inspections

4,627 complaints were received by the department during the year on public health matters. Individual complaints made to the district inspector in the course of normal routine work numbered 1,716. The investigations of these complaints and the necessary subsequent action resulted in a total of 6,334 reinspections being made.

Other visits and interviews in the course of routine action totalled 12,296, details of which are given in the corresponding sections of this report.

Drains and sewers

The sewerage and sewage disposal system of the City has been reasonably satisfactory despite the steady growth of nine housing estates.

A major works scheme for the Eastern area of the City has been approved by the Minister of Housing and Local Government. This scheme will provide for the proposed housing development in the Llanedeyrn area and improve the existing system. Detailed designing is in progress and the first contracts let. A new outfall is planned taking sewage into deep water off the Pengam Moors, the existing outfall will be used solely as a storm water overflow. The scheme will allow two pumping stations in Waterloo Gardens and Ty Draw Road to be discontinued. A new pumping station has been built at the Trowbridge estate. Part of this estate is within the statutory area of the Rhymney Valley sewerage board; sewage from this area is taken into the Board's storage tanks which are discharged on ebbing tides.

Constant repair and maintenance has been carried on together with minor improvements to the existing sewers.

Refuse Disposal

The Cleansing Superintendent reports that progress has continued to be made in persuading householders to provide dustbins. The inspector employed in enforcing the council's requirements has surveyed 296 streets during the year and has served 2,326 notices requiring the replacement or provision of dustbins. The public have generally proved co-operative although there remains a small minority against whom legal action will no doubt need to be taken. However, the standard of dustbin provision leaves much to be desired, householders being content to buy sub-standard bins which are only a few shillings cheaper than a British Standards Specification bin which could confidently be expected to give a good many years more life and provide more hygienic storage conditions.

The Corporation has now resolved to accept worn-out cars free of charge at the Council tip at Leckwith although the collection of cars from the owners premises will still have to be carried out on a chargeable basis. Abandoned cars are collected as a charge on the general rate fund once they are cleared by police investigation.

To deal with the increasing bulkiness of refuse, the practice of replacing old refuse vehicles by the modern automatic loading vehicles has continued and four large capacity vehicles, capable of dealing with 35 cubic yards of compressed refuse, were delivered during the year. Further extension of the bulk storage container system also took place, providing a mechanised and more efficient collection service for the user and the Corporation.

Infectious Diseases—Epidemiological Enquiries

Full details of the incidence of infectious diseases are given on page 7 in the section "Notifiable Diseases". Epidemiological investigations in to the following diseases were made by public health inspectors:—

	<i>Cases</i>	<i>Total visits</i>
Dysentery.. .. .	355	416
Paratyphoid fever	2	31
Food poisoning	211	96
Malaria	2	3
Smallpox Contacts (surveillance from infected areas abroad)	77	82

Food poisoning

There was one major outbreak of food poisoning which occurred in a group of schools in the Rumney area. Of 480 persons who consumed the same meal, a total of 175 became ill. The outbreak was thoroughly investigated and a detailed report is included on page 10.

During the year, there were eleven cases of food poisoning, in which the causative organism was found to be the salmonella stanley. As the cases were sporadic it was not possible to establish conclusively, the source of infection. Reference to the tabulation of salmonella organisms recovered from drain swabs at the public abattoir shows that salmonella stanley was recovered on 14 occasions and it is therefore reasonable to assume this infection was of animal origin, infected meat or meat products being the most likely vehicle of infection.

Miscellaneous Inspections

Verminous Premises:

Total visits and inspections	357
Infestations: local authority property	134
Infestations: other property	140

Care of the Aged, etc.:

Visits	47
Insanitary conditions found	16

Caravans

Pontcanna licensed site

This Corporation holiday site was again open during the summer months. 159 caravans used the site with a total of 497 caravan days. These figures show a decrease compared with 1964.

Twenty-one visits were made by the district inspector and the site was found to be satisfactory on each occasion.

The owner of the other licensed site in Cardiff was prosecuted in November for failure to comply with site licence conditions. He was fined £50.

Unauthorised sites

Unauthorised sites have been as great a source of trouble as ever.

In March a more vigorous policy was adopted to deal with the problem of gypsies and other caravan dwellers within the City. Seventy-seven caravans were evicted from Leckwith common area some forcibly by towing on to the public highway. This direct action did not solve the problem unfortunately as, some 36 families remain within the City moving from one piece of vacant ground to another, both in the urban area and on farmland in the Rumney district.

An arrangement was made whereby the Cleansing Department should tow away caravans found on Corporation land. This was done on 37 occasions.

The raising of earth banks has proved successful in excluding caravanners from all but a few sites but this has resulted in more frequent occupations of the remaining sites which do not lend themselves to the formation of earth banks.

The cost of removing caravans and raising earth banks amounted to a total of £960.

Several private land occupiers were required to remove caravans but no prosecutions were taken under the Caravan Sites and Control of Development Act 1960.

Lodging houses

Twenty applications were received from keepers of seamen's lodging houses for renewal of their annual licences. Frequent inspections were made to ensure that the high standards are maintained.

One licence was renewed in respect of a common lodging house.

Keeping of Animals and Pet Shops

Six applications were received during the year. In each case an inspection was made and all the applications were approved.

Visits in connection with the keeping of animals were as follows:—

Pet shops	..	..	..	..	16
Piggeries and Stables		..	..		24

Knackers Yard and offensive trades

There is one knackers yard in the City subject to an annual licence.

Offensive trades are carried out at three premises carrying on the business of tripe boilers. Sixteen visits during the year were made and the premises were found to be satisfactory on each occasion.

Pharmacy and Poisons

Licences were renewed in respect of 146 premises and four licences were issued to new premises.

Hairdressers

The registration scheme under the provisions of the Cardiff Corporation Act 1961 was completed during the year. 261 premises are now registered and regular inspections were made to ensure that the provisions of the bye-laws were complied with.

Rag Flock and Other Fillings Act, and Regulations 1961

Three samples, comprising 2 of cotton felt and 1 of washed wool flock were submitted for examination. All the samples were found to conform to the prescribed standard.

Fertilisers and Feeding Stuffs Act 1926

Number of samples submitted for analysis	RESULT OF EXAMINATION	
	Analysis	
	Satisfactory	Unsatisfactory
Fertiliser	6	1
Feeding stuffs	18	1

Two samples of compound fertiliser were found to contain one ingredient in a quantity in excess of that stated and in excess of the limit of variation permitted by regulations. Having regard to the nature of the irregularities, the sale of the products was not to the prejudice of the purchaser and no official action was necessary.

Public conveniences

Inspections	76
Reference re defects	12

Places of Public Entertainment

Visits cinemas, theatres	15
Visits outdoor entertainment	4
Notices served, reference made	4

Care of the Aged, etc.

Visits	47
Insanitary conditions found	16

STAFF

The shortage of public health inspectors was felt severely during the year. At the end of the year five districts out of 12 were not manned by qualified public health inspectors.

Miss J. Tyrrell and Mr. A. Lloyd obtained the diploma of the Public Health Inspectors Examination Board and were appointed as district public health inspectors.

An exhibition was set up as part of the Cardiff Horticultural Society annual show with the theme of "Milk". This attracted attention from members of the public and it is hoped that more can be done in this field in 1966.

Lectures and discussions were arranged for the following groups:—

- Student health visitors
- Student midwives
- National Trade Development Association course for licensed victuallers
- Young wives clubs
- Old age pensioners
- Domestic science courses at schools
- School meals service
- Youth clubs
- Diploma in Public Health

FOOD AND DRUGS CONTROL

Food Inspection

Inspection and condemnation of food at the shops and warehouses, etc., in the area is carried out by each district public health inspector and by the Food and Drugs Inspector. A total of 3,463 visits was made for this purpose during the year and the approximate weight of diseased or unsound food and meat surrendered as unfit for human consumption was 16 tons 18 cwt. 3 qtrs.

Food hygiene

A total of 8,586 visits was made to food premises during the year for the purpose of food hygiene and food inspection. There are 2,997 food premises on the register so that arithmetically 2·8 visits per premises have been made during this period.

Details of the visits made, together with the totals of each type of premises are as follows:—

					<i>Premises</i>	<i>Visits</i>
Cafes, etc.	..	..	..	..	224	532
School Canteens	..	..	..	..	65	109
Other canteens	..	..	..	..	87	146
Clubs, hotels, public houses	..	..	..	..	348	139
Butchers and meat preparing premises	..	..	..	..	232	510
Bakehouses	..	..	..	..	43	101
Confectioners (sugar and flour)	..	..	..	..	296	102
Fried fish shops	..	..	..	..	70	171
Wet fish shops	..	..	..	..	30	62
General shops	..	..	..	..	796	1,566
Wholesale depots	..	..	..	..	109	780
Ice cream premises	..	..	..	..	652	490
Markets	..	..	..	..	3	49
Vehicles	..	..	..	..	—	61
Other food premises	..	..	..	..	42	111
Total					2,997	4,929
						<hr/>
Food Inspection—Condemnation visits	..	..	..	..	1,320	
Routine visits	..	..	..	..	2,143	
					3,463	
						<hr/>

57 written notices and 10 verbal notices were issued to occupiers of food premises for contraventions of the Food Hygiene Regulations. Details of the action necessary to remedy contraventions are as follows:—

Food premises

Food to be protected from dust, flies, etc.	..	..	10
Food to be protected from customers, etc.	..	..	11
Food to be protected from risk of contamination by animals			—

Clean overalls to be provided	..	..	..	..	1
Smoking to be discontinued	..	..	..	..	6
Use of unclean wrapping to cease	..	..	..	..	1
Sanitary conditions to be modified, cleansed, repaired	..				4
Wash-hand notices to be provided	..	..	..		1
Provision of water supply (cold)	..	..	..	..	3
Provision of wash-hand basins	..	..	..	..	5
Provision of hot water for wash-hand basins		..	..		6
Provision of soap, towel, nailbrush, etc.	..	..	..		16
Provision of sinks for food or equipment		..	..		1
Provision of hot water for sinks	..	..	..	..	1
Provision of first-aid equipment	..	..	..	..	4
Ventilation of food rooms to be improved		..	..		2
Food rooms to be cleaned/repaired	..	..	..	..	12
Refuse to be removed	..	..	..	..	6

Bacteriology of foodstuffs

The policy of swabbing the drains at the slaughterhouse was continued using Moores' swabs. A summary of the results is given on the table on page 138.

Milk Bacteriology

Heat-treated milk

Heat treatment of milk continues to be carried out at four processing plants in the city; pasteurisation by the H.T.S.T. method at three plants and the holder process at one plant.

Samples of raw and heat-treated milks were submitted for examination at the Public Health Laboratory. Samples were collected at the milk processing plants, wholesale and retail dairies, schools and canteens and milk vending machines. Details of the number and designations of the various samples and laboratory reports are tabulated under the appropriate tables. 446 heat-treated milks were submitted to the statutory tests. All 415 samples subjected to the phosphatase test for effective pasteurisation, were reported as satisfying the test. All 31 samples of sterilised milk were reported as satisfying the turbidity test and therefore satisfactorily processed.

Eight samples out of the total of 415 samples of pasteurised milk submitted to the methylene blue reduction test (for hygiene and keeping quality) were reported as unsatisfactory. Five of these failures were from milk vending machines. The shelf life of milk in vending machines, the efficiency of the machines' refrigeration units and the standard of hygiene continues to indicate that strict control of the sale of milk from these sources is most necessary.

Raw milk

All samples of raw milk were submitted to the methylene blue reduction test and satisfied the test.

A total of 215 samples of raw milk, comprising churned milk ex farms and bottled milk, were examined at the Public Health Laboratory and the City Laboratory for the presence of antibiotics and other inhibitory substance. With the exception of three samples of churned milk, all were reported to be free from these substances.

1965 Salmonella Organisms Recovered from Drain Swabs

Sampled from	Negative	Sal. Typhi- murium	Sal. Dublin	Sal. Brand- enburg	Sal. Derby	Sal. Para- Typhi. B.	Sal. Havana	Sal. Sefton- burg	Sal. Stanley	Sal. Bovis Morbif- icans	Sal. Indiana	Sal. Enteri- dus Var Jena	Uniden- tified Sal. Orga- nisms	Totals Positive Salmonella organisms
Public Abattoir														
Piggery ...	29	3	—	2	—	—	1	—	10	—	—	—	—	16
Main Cattle Market	31	3	4	—	—	—	2	—	—	—	—	1	1	11
Gut Scrapping Room	32	4	1	2	1	—	—	—	—	1	—	—	—	9
Paunch House ...	28	5	5	—	—	—	2	—	4	—	1	—	—	17
Central Market														
Manhole C.S. ...	38	—	1	—	—	—	—	—	1	1	—	—	1	4
Manhole L.S. ...	37	1	—	—	—	—	—	1	—	—	—	—	—	5

Investigation at the farm showed that a cow which was suffering from mastitis had been treated with an antibiotic the farmer having failed to exclude the milk from his daily production as delivered to the processing plant.

Negative reports were received in respect of all milks examined for the presence of tubercle bacilli and brucella abortus.

Milk submitted for laboratory examination during 1965

Heat-treated milk

Designation	Total number of milks submitted for examination	Phosphatase test		Methylenebluetest		Turbidity test	
		Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Pasteurised	272	272	—	270	2*	—	—
Homogenised Pasteurised	55	55	—	50	5*	—	—
Channel Islands Pasteurised	88	88	—	87	1	—	—
Sterilised	31	—	—	—	—	31	—

*This figure indicates samples reported as failing to satisfy the Methylene blue test collected from vending machines and tabulated in detail under the table "samples taken from milk vending machines".

Raw milk

Milk Designation	Methylene Blue Test			BIOLOGICAL EXAMINATION					
				No. of samples submitted for examination		Tubercle Bacilli		Brucella Abortus	
	No. of samples submitted for examination	Satisfactory	Unsatisfactory	Tubercle Bacilli	Brucella Abortus	Positive	Negative	Positive	Negative
Untreated ...	28	28	—	28	28	—	26*	—	26*
Channel Island Untreated ...	18	18	—	18	18	—	17*	—	17*

* Premature death of guinea pig. Untreated — 2
Channel Island (untreated) — 1

Samples taken from Milk Vending Machines

Milk Designation	Total number of samples submitted for examination	Methylene Blue Test		Phosphatase Test	
		Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Pasteurised	106	104	2	106	—
Homogenised pasteurised ...	29	26	3	29	—

Ice cream and ice cream premises

There are eleven firms and persons registered for the manufacture of ice cream, four producing hot mix and seven using a complete cold mix powder. The number of retailers registered for the sale of ice cream is 767.

During the year 490 visits were made to premises at which ice cream was manufactured or sold. Samples taken for bacteriological examination numbered 93, details of which are given on the following table.

The 19 unsatisfactory samples were found to be mainly due to poor sterilisation or handling of equipment by retailers and inadequate attention to stock rotation. Advice was given and follow-up samples were satisfactory.

Samples of ice cream submitted for bacteriological examination

Total number of samples submitted for examination	Local Manufacturers		National concerns	Satisfactory		Unsatisfactory	
	Hot Mix	Cold Mix		Grade I	Grade II	Grade III	Grade IV
93	14	4	75	74	9	6	4

FOOD AND DRUGS SAMPLING AND ANALYSIS

JOINT REPORT OF CITY ANALYST AND CHIEF PUBLIC HEALTH INSPECTOR

A total of 1,077 samples were submitted by the City of Cardiff for analysis under the Food and Drugs Act, 1955. They comprised milk 456; foods 593; and drugs 28, of which 12 samples were taken formally and the remainder informally. The number of adulterated or otherwise unsatisfactory samples were 106 (or 9·8%) including milk 57; foods 43; drugs 6. A further eleven samples were examined for labelling requirements without recourse to analysis.

The following tables list the samples analysed, those reported as unsatisfactory being indicated by the numbers in brackets:—

Nature of sample	Number examined	Nature of sample	Number examined
Milk:		Christmas puddings ...	7
Ordinary ...	352 (29)	Chocolate roll ...	1
Channel Islands ...	104 (28)	Chutney ...	2
Foods other than milk:—		Coffee, ground ...	1
Apple flakes ...	1	Coriander seeds ...	1
Beef stock tablets ...	1	Cream, fresh ...	2
Beverage powders ...	4	Cream, double ...	1
Beef suet ...	3	Cream cakes ...	4
Biscuits ...	2	Curry powder ...	2
Biscuits, milk ...	1 (1)	Dried fruit ...	15
Biscuits containing butter ...	1	Dried herbs ...	9
Brandy ...	2	Dried peas ...	3
Breadcrumbs ...	2	Dried soups ...	13
Butter ...	15	Desiccated coconut ...	1
Margarine ...	6	Dessert powders ...	6
Cake decorations ...	5	Fish spread ...	2
Cayenne pepper ...	1	Flavourings ...	6
Celery seeds ...	1	Flake, tapioca ...	1
Celery salt ...	1	Flour, self raising ...	11
Cheese and cheese spreads ...	27	Flour, plain ...	9 (1)
Champagne perry and gin ...	1	Flour, soya ...	1

Nature of sample	Number examined		Nature of sample	Number examined
Flour confectionery ...	3		Potted fish ...	2
Food colouring ...	4		Preserves ...	29
Fruit pie ...	2		Prunes ...	1
Gelatine ...	2		Pumpkin pie spice ...	1
Glace fruits ...	4		Quick pudding rice ...	1
Grapes ...	2		Rennett essence ...	1
Grape juice ...	3	(2)	Rice ...	1
Grape tonic ...	1		Sage and onion stuffing ...	1
Gravy browning and salt ...	4		Salad cream ...	2
Ground almonds ...	1		Sauce-mix, parsley ...	1
Ground cloves ...	1		Shandy ...	3
Ground ginger ...	3		Skimmed milk powder ...	1
Ground nutmegs ...	3		Soft Drinks ...	24
Ground rice ...	1		Soft drink with vitamin C ...	1
Ground white pepper ...	3		Split peas ...	1
High protein cereal ...	1		Sponge roll ...	1
Honey ...	1		Strained fruit ...	2
Onion sauce ...	1		Sweetening preparations ...	3
Pease pudding ...	1		Sunny spread ...	1
Pilchards in tomato sauce ...	1		Tea ...	6
Piza pie ...	1		Tea cakes mix ...	1
Rice ...	2		Vinegar ...	4
Rich milk ...	1		Non-brewed condiment ...	1
Scotch porridge ...	1		Whisky ...	2
Soup ...	9		Yeast, dried ...	1
Spaghetti with Bolognese sauce ...	1		Canned:—	
Spaghetti with pork sausages ...	1		Cheese sauce ...	1
Sweet corn ...	2		Condensed milk ...	1
Strained foods ...	4		Cream ...	8
Tomatoes ...	13	(1)	Cream, clotted ...	1
Tomato puree ...	1		Creamed rice pudding ...	1
Top of the Milk ...	1		Curried beans with sultanas ...	1
Vegetables ...	21		Curry sauce ...	1
Vegetable salad in mayonnaise ...	1		Evaporated milk ...	4
Canned Meat Products ...	72	(6)	Fig sponge pudding ...	1
Other Meat Products:—			Fruit ...	3
Black pudding ...	9	(2)	Instant rice ...	1
Faggots ...	10	(4)	Kipper snacks ...	1
Minced poultry in jelly ...	2		Milk top ...	1
Pasties ...	12	(1)	Drugs:—	
Pies, meat ...	14	(3)	Aspirin tablets ...	2
Pies, meat and vegetable ...	11	(10)	Asthma and bronchitis mixture ...	1
Potted beef with butter ...	1		Bicarbonate of soda B.P. ...	2
Polony ...	7	(5)	Beechams powders and tablets ...	2
Sausages ...	13	(1)	Brewers yeast & molasses tablets ...	1
Ice-cream powder ...	1		Boracic acid crystals ...	1
Instant coffee ...	1		Cherry cough medicine ...	1
Instant coffee and chicory ...	1		Chelsea pensioner tablets ...	1
Instant curry ...	1		Colitis mixture ...	1
Instant minced onion ...	1		Cold and Influenza tablets ...	1
Jelly ...	8		Cough syrup ...	3
Lard ...	3	(1)	Cystitis mixture ...	1
Lentils ...	1		Eczema ointment ...	1
Lolly syrup ...	1		Elder flowers and peppermint with composition essence... ..	1
Maize meal ...	1		Epsom salts B.P. ...	1
Marzipan ...	1		Gripe water ...	1
Milk chocolate confectionery ...	2		Hay fever mixture ...	1
Mint jelly ...	1		Herbal pile tablets ...	1
Mint in vinegar ...	1		Kidney remedy ...	1
Mixed spice ...	2		Liver pills ...	1
Mustard ...	7		Pain relieving tablets ...	1
Olive oil ...	1		Vitamin B. capsules ...	1
Peanut butter ...	3		9 Vitamin health drinks ...	1
Pickled Eggs ...	1			
Pickles, sauces and ketchup... ..	14			
			TOTAL ...	1077 (106)

Milk

Of the 456 samples of milk submitted, 352 were samples of ordinary milk and 104 were Channel Islands milk. The samples were taken by the Official Sampling Officer of the Chief Public Health Inspector's department at many different points within the city. They included samples of pasteurised and sterilised milk taken at the point of retail sale, and also raw milk during transit from farms or at the point of delivery to dairies prior to bulking, processing, and bottling.

The number of samples showing added water and deficiencies in fat are given in the following table:—

	Ordinary milk	Channel Islands
Containing added water ...	7	4
Deficient in fat ...	21	28

Samples containing added water

One informal sample contained 1% and another 4% of added water but follow-up samples were satisfactory.

Informal milk samples from one particular source were found to contain added water. Two out of 4 churns of ordinary milk contained 11% and 22% (the latter also being 45% deficient in fat). Two out of 4 churns of Channel Islands milk contained 19% and 23% of added water (also with fat deficiencies of 41% and 50% respectively). One of the churns was 30% deficient in fat but did not contain added water. Eight follow-up formal samples showed 22%, 25% and 36% of added water in the ordinary milk and 25% and 28% in the Channel Islands milk. Fat deficiencies were also revealed in each of these samples ranging from 13% to 39% in the 4 ordinary milks and from 19% to 46% in the 4 Channel Islands milk. Legal proceedings were instituted and the farmer fined forty pounds and costs.

Samples deficient in fat

Of the ordinary milk samples 21 were below the presumptive minimum standard of 3% milk fat. Five of these were referred to in the previous paragraph. The remainder were from individual churns of consignments. They were accompanied by evening milk of much higher fat contents and when calculated on the entire consignment the fat contents were above 3%. Hence, the consignments were genuine.

Twenty-one Channel Islands milk samples (other than the 4 formal and 3 informal samples involved in the added water cases previously mentioned) had fat contents below the 4% minimum required for milk sold under this description. Again these samples were from single churns representing 9 consignments in all. In 4 instances the bulked average fat content was over 4%, and thus satisfactory, in the remaining 5 cases calculated average fat contents for the bulked milk were 3.98%; 3.87%; 3.78%; 3.90% and 3.92%. The five unsatisfactory samples were from one supply; investigations were conducted at the farm, the milk advisory officer of the Ministry of Agriculture brought into the case, and further sampling showed the deficiencies to have been rectified.

Samples deficient in non-fatty solids but containing no added water

Out of a total of 348 samples of ordinary milk (excluding those found to contain added water) 99 had non-fatty solids below the presumptive minimum of 8.5%. In these cases the freezing point test was applied and the results show that no added water was present. These samples were therefore genuine milks of naturally poor quality.

No sample of genuine Channel Islands Milk had a non-fatty solid content of less than 8.5%.

The following tables give data of average composition for 1965:—

Average composition of milk samples 1965

Variety	Number of Samples	Fat (per cent)	Non-fatty solids (per cent)	Total solids (per cent)
Channel Islands milk	104	4.22	8.84	13.06
Other milk samples	352	3.59	8.56	12.15
All milk samples	456	3.73	8.62	12.35

Quarterly variation in average composition of milk samples (excluding Channel Islands milk)

Quarter	Number of Samples	Fat (per cent)	Non-fatty solids (per cent)	Total solids (per cent)
1st	57	3.65	8.49	12.14
2nd	80	3.43	8.59	12.02
3rd	131	3.53	8.53	12.06
4th	84	3.78	8.63	12.41
Whole Year, 1965	352	3.59	8.56	12.15
Whole Year, 1964	452	3.58	8.58	12.16

The figures for 1965 which include a small number of samples containing added water, do not differ markedly from those for the previous year.

Antibiotics in ex farm milk

215 raw milks submitted for chemical analysis were also examined for the presence of antibiotic residues using the T.T.C. test. 3 samples from the same consignment gave positive reactions for penicillin equivalent to 0.05 units per ml. Subsequent investigations at the farm confirmed that the antibiotic had been used for the treatment of mastitis but that the milk had not been withheld from sale for an adequate period.

Sterilised milks

Under the Milk (Special Designations) Regulations sterilised milks are required to satisfy the prescribed turbidity test indicating that they have been fully heat treated.

The 32 samples examined during the year were found to be satisfactory.

ARTICLES OTHER THAN MILK

The total number of samples of other foods submitted for analysis was 593 of which 43 (7.2%) showed some irregularity in some cases merely of labelling. 28 samples of drugs were taken, of which 6 were unsatisfactory. Medicinal preparations and manufactured meat products featured prominently in this group of samples, a selection of which is summarised on next page.

“Cough syrup” and “Asthma and bronchitis mixture” deficient of chloroform

A sample of cough mixture was found to contain only 0.05% chloroform whereas the declared amount was 0.15%. Two further samples taken during investigation of the deficiency both contained 0.005% chloroform.

In the case of the Asthma and Bronchitis mixture the declared spirit of chloroform content was 4% but the product contained only 2%.

Investigation of production dates and stock rotation revealed that the stopper cap inserts were not an effective seal, particularly during long storage. The manufacturers agreed to provide an alternative cap insert to minimise volatilisation of the chloroform.

“Cherry cough balsam” wrongly labelled

The product complied with the declaration on the bottle but not with the list of ingredients shown on the carton.

The manufacturers agreed to provide a sticker label as an over-print for the cartons.

Tonic water deficient of quinine sulphate

An informal sample contained only 1/20 grain of quinine sulphate per pint whereas the prescribed standard requires that the product should contain not less than half a grain of quinine sulphate.

Investigation showed that the bottle had been exposed to sunlight and held in stock for longer than desirable at the retail premises. Further samples were not available, manufacture having ceased due to insufficient demand.

Grape Juice without declaration of colouring matter

A continental product found to contain undeclared amaranth, the manufacturers undertook to omit the colouring matter in future output.

Grapefruit juice without declaration of claimed minerals

A continental pack which carried a statement that the product contained minerals but the amount was not declared. The manufacturers redrafted the label to conform to the requirements of the Labelling of Food Order.

Evaporated milk without declaration of Vitamin D content

A can of evaporated full cream milk was labelled with the claim “vitamin D increased”, but did not carry a statement of the amount of vitamin D. The packers undertook to provide amended labels to be introduced immediately.

Evaporated milk not of merchantable quality

The contents of the tin were found to be of unsatisfactory physical condition due to thickening of the milk.

The retailer surrendered his stocks since the product was not of merchantable quality.

Milk biscuit declared to contain glucose

The product was made with full cream milk but contained only 2% glucose, this being below 5% the amount which it is considered should be present to justify the use of the words “containing glucose”.

Amendment of the label was unnecessary since the manufacturers discontinued manufacturing this product.

Lard without declaration of presence of antioxidant

Failure to declare the presence of the permitted antioxidant butylated hydroxy anisole in the case of lard prepacked by a national concern.

The matter was referred to the packers and investigation showed that wrappers carrying the declaration had been introduced; discussions are proceeding as to acceptability or otherwise of the precise wording of the revised label.

Misdescription and absence of prescribed constituents in flour

Flour milled by a small family firm did not contain the prescribed chalk, allegedly due to manual mixing. In addition the flour was described as "Wholemeal Flour" yet was apparently of 85% extraction. The matter is under discussion with the millers who hold varying views as to the interpretation of the Regulations.

Canned meat products deficient of meat

Five instances where meat content was below the standard set down in the proposal for regulations were referred to the manufacturers. Manufacturing formulae were adjusted and further samples complied with the proposed standard.

PREPARED MEAT PRODUCTS DEFICIENT OF MEAT

With the issue of the recent proposals for regulations in respect of made-up meat products a preliminary survey was commenced in order to assess the relationship between the meat content of the products now being manufactured and the proposed standards, some emphasis being placed on local products.

A number failed to come up to the recommended standards e.g.:

Black puddings	Two samples contained 42% and 62% of "meat", compared with the recommended 65%.
Faggots	Four samples contained between 55% and 60% of meat, compared with the recommended 65%.
Polony	Five samples contained between 48% and 62% of meat compared with the recommended 65%.
Meat and vegetable pies and pasties	Eight samples contained between 6% and 11½% compared with the recommended 12½%.
Steak and kidney pies	Three samples contained between 14½% and 19% compared with the recommended 25%.

Contact with these manufacturers and successive efforts at improving their recipes suggests that some of them are not going to find it easy to meet the proposed standards if they are made law, and if the local manufacturer is to remain competitive.

CONSUMERS COMPLAINTS OF FOOD ABNORMALITIES

The public's interest in quality control and wholesomeness of the many and varied foods appearing on the market continues to be shown in the form of consumer complaints in respect of unsatisfactory or suspect foods. These were investigated and where substantiated reports submitted to the Health Committee. No legal proceedings were authorised during the year.

During 1965 some 71 items were investigated following reference by members of the public.

The following tabulation indicates the nature of the complaints and the field of investigation.

Classification of complaints

Bread	4
Cake and flour confectionery ..	6
Chocolate and sugar confectionery ..	2
Meat	5
Meat pies and pasties	15
Canned meat	10
Other meat products	1
Baby foods	1
Milk and milk products	15
Fish and fish products	6
Tinned fruit and fruit	3
Miscellaneous foods	3
	<hr/>
	71
	<hr/>

Milk and milk bottles

15 complaints were received during the year, 50% higher than the number of complaints received during 1964. The nature and variety of materials found in milk bottles included portions of cabbage leaves, an unidentifiable metal object and various types of sediment forming gelatinous masses in conjunction with milk residues.

Bread

A total of only four complaints were received during the year, a significant reduction on previous years. It is hoped that this reduction will continue in future years.

Canned meat

Discolouration of the contents of the tins accounted for the greater proportion of complaints. One unusual foreign body however was a signet ring embedded in a tin of corned beef.

Meat pies and pasties

Mould continues to be the most frequent cause for complaints, followed closely by the foreign bodies. The latter included pieces of string from a flour bag, glass, wire, a cigarette filter and a portion of a bone thought to be finger nail.

Sugar

One mystery which was never solved despite exhaustive enquiry was the finding of a large quantity of salt in a packet of sugar.

Many complaints of a less obvious character were not always substantiated and many involved laboratory examinations, a selection of which are summarised below.

Article	Result of Examination
Bottles of milk (5)... ..	Four samples contained large amounts of added water, one was free of added water. The circumstances indicated tampering with the contents.
Bottles of milk containing deposit (3)	One contained a deposit of sand and dirt, one contained particles of oxide of iron, and one contained a jelly like film of coagulated milk solids.
Buttermilk	Analysis supported the complaint that it was abnormally acid since it showed 1.6% of lactic acid compared with the usual 0.8-1.0%. Excessive acidity can, however, develop rapidly in this product.
Bread	Contained a greyish brown object. No rodent hairs were present; it consisted of starch and iron compounds.
Butter	Thought by private purchaser to be margarine but it was genuine butter.
Canned pork shoulder	Tin plate was severely etched although the meat itself was not discoloured. The tin content varied from 150 p.p.m. in the centre to as much as 480 p.p.m. on the outside.
Canned corned beef. (5 samples of same brand)	Showed unpleasant "oily taint" immediately on opening. Cause was not traced but it was not due to rancidity of the surface fat.
Portion of corned beef	A complaint of an odour of petroleum could not be confirmed by chemical analysis.
Canned corned beef	Had an objectionable odour, was discoloured and showed a high lead content near the stuffing hole.
Canned condensed tomato puree	Contained excessive amount of tin (500 p.p.m.) but can had been opened some time.
Fish cake	The foreign object present, when examined microscopically showed characteristic rodent hairs.
Ice-cream	Had a sour taste and contained 0.5% lactic acid but this can develop rapidly on standing.
Meat pies	The black spots on the outside were due to iron compounds derived from a patent coating on a baking tin.
Meat pie containing object ...	This object was thought to be a finger nail clipping. Microchemical tests showed presence of nitrogen calcium and phosphorous and the Haversian canals characteristic of bone tissue were observed microscopically. It was a thin sliver of bone.
Pasty containing foreign object ...	This was a cigarette filter end firmly embedded in the filling. Microscopical examination showed fragments of charred paper.
Sugar	Consisted of 2 parts sucrose and 1 part common salt.
Tea-cake	Pieces of string present were compared with others from the bakery but were not found to be identical with any of these.
"Tablet" found in glass of beer ...	The "tablet" was partly dissolved but was found to be nothing more than an ordinary peppermint sweet (Mitcham Mint) probably dropped in as a joke.

NEW AND PROPOSED LEGISLATION

The Cheese Regulations 1965

These regulations, which do not come into operation until February, 1967 specify requirements for the composition and description of cheese, including hard cheese, soft cheese, cream cheese, whey cheese, processed cheese, and cheese spread. These requirements also apply to these articles when sold as part of a compound product. The ingredients which are permitted in cheese, processed cheese and cheese spread are specified (e.g. preservatives, colouring matters, etc.) and requirements for labelling and advertising are laid down.

The Dried Milk Regulations 1965

These regulations revoke the Dried Milk Regulations, 1964, and provide, among other changes, a minimum and maximum milk fat content for all varieties of dried milk, except dried skimmed milk. For this the upper limit has been reduced from 8% to 1.5% and the description "dried low fat skimmed milk" is allowed as an alternative. A maximum moisture content is prescribed for all dried milks and there are detailed labelling requirements.

The Milk (Special Designation) (Amendment) Regulations 1965

These regulations prescribe a new special designation "Ultra Heat Treated" for the new "long-keeping" milk treated by the ultra-high-temperature method and lay down special conditions for licenses to use this designation and a test which must be satisfied.

Food Standards Committee Reports and recommended standards

Flavouring agents

The committee reviewed the subject of the use of flavouring agents as additives to food and recommended as a temporary measure a list of substances which should be prohibited. These included coumarin, saffrole, nitrobenzoic and certain natural essential oils. They regard the use of a prohibited list only as a transitional stage so that eventually regulations would be introduced based upon a list of permitted flavouring agents. Such a list should be based on adequate toxicity data, which are at present accumulated. A review of all flavouring materials is contemplated in 5 years time.

Meat and fish pastes

This report reviewed the existing position regarding these and similar commodities. It recommends that meat pastes should contain at least 70% of meat instead of the present 55%; potted, chopped or flaked fish or meat should contain at least 95% of fish or meat with no added binder, and at least 70% for the corresponding product "with jelly". Fish or meat products "with butter" should contain at least 6% of butter fat. Limits are also proposed for the amount of fat allowed to be counted as fish or meat, and it is recommended that existing codes of practice dealing with the proportions of different fish or meat in a compound article should be revised as soon as possible.

Canned meat

The new proposals for canned meat list 13 descriptions of meat products with prescribed minimum standards, viz., meat, corned meat, minced meat, chopped meat, cured meat (at least 95% of meat); meat with jelly (80%); meat with cereal (80%); meat with gravy or sauce (70%); meat roll or loaf (65%); meat roll or loaf with stuffing (50%); any other canned meat product in which meat is a major ingredient (35%). The percentage of fat which may be reckoned as meat is prescribed and there are also labelling requirements.

Meat pies

The proposals are substantially as before; i.e. 25% of meat for a meat pie and 12½% of meat for a meat and vegetable pie or cornish pasty. A modified proviso as to the actual weight of meat permissible in meat pies of different weights is introduced.

Sausages

Sausages and other meat products are comprehensively covered in the proposals. Pork sausage; black pudding; polony; liver, breakfast or luncheon sausage, faggots—not less than 65% of meat; sausage and sausage meat—50%; frankfurter, Vienna or salami sausage—not canned 80%, canned 65%.

There are also proposed standards for meat with jelly, meat with cereal, meat loaf or roll, with and without stuffing and any other meat products. These refer to the uncanned product and are in line with those for the canned variety.

Colouring matter in food

Important recommended changes include prohibition of the addition of colouring matter to tea, coffee, white bread, condensed or dried milk. Only the natural colouring matter annatto will be permitted in butter and only caramel in bread other than white bread.

Six out of the 30 synthetic colourings not permitted are recommended to be withdrawn and an additional black colour allowed. Detailed specifications for the purity of food colours will be included; these will limit metallic and certain toxic organic impurities, and also the content of intermediates and subsidiary dyes. Labelling requirements for food colours are also proposed.

Antioxidants in food

The new proposals to amend existing regulations will make it an offence to sell any food for babies or infants which contains any antioxidant. It is recommended that, pending completion of new investigations on the safety of butylated hydroxytoluene (BHT), the permitted levels of this antioxidant be halved. A proposal is made to allow the use of ethoxyquin at a level of 3 p.p.m. on apples and pears, for the prevention of "apple scald". Diphenylamine, at a level of 5 p.p.m., is also tentatively suggested for the same purpose.

Mineral hydrocarbons in food

Regulations produced in 1964 define the purity of any mineral hydrocarbon which may be used in food. The prescribed method of analysis is to be replaced by a more detailed procedure and the proposals are almost entirely concerned with the details of the new test.

Butter and margarine

Proposals for regulations prescribe, in addition to the maximum water content of 16%, a minimum fat content of 80% and in the case of butter a maximum non-fatty milk solids content of 2%. There are also labelling provisions.

Coffee, coffee mixtures and coffee extracts

The standards of composition proposed are considerably more comprehensive than before and include definitions and prescribed caffeine contents for dried coffee and chicory (1% caffeine) dried coffee and fig. (2.7% caffeine) and liquid extract of coffee and fig (0.4% caffeine). For decaffeinated coffee a maximum of 0.1% caffeine is proposed. Detailed descriptions or designations for the many varieties of coffee mixtures and extracts are also laid down.

Labelling of food

Some of the more important new features of these detailed recommendations are: definitions of a number of foodstuffs; the almost universal requirement to declare the presence of preservatives, colourings, antioxidants, artificial sweeteners and other activities; the labelling of tenderised meat, of intoxicating liquor and of other stated foods.

Codes of practice

Negotiated between the Local Authorities Joint Advisory Committee on Food Standards, and representatives of the food industry, Codes of Practice represent an agreement on standards of composition of food. Such agreements can be a preliminary to the laying down of a food standard regulation. During 1965, Code of Practice No. 4—canned fruit and vegetables and No. 5—canned beans in tomato sauce were established. The former covers standards of fill, composition, and size for fruit and vegetables with additional specifications for fruit salad and fruit cocktail, apple puree, processed peas and butter beans. Code No. 5 requires minimum total solids, tomato solids and sugar contents and freedom from artificial colouring.

Legal proceedings

Legal proceedings were instituted in respect of two cases for the sale of milk adulterated with water.

Defendant No.	Offence	Fines	Costs	Total penalties
		£ s. d.	£ s. d.	£ s. d.
11	Did unlawfully sell Channel Island untreated milk which was adulterated with at least 25% and 28% respectively of added water, contrary to Section 2 of the Food and Drugs Act 1955	20 0 0	2 0 0	22 2 0
12	Did unlawfully sell Channel Island untreated milk which was adulterated with at least 23%, 36% and 25% respectively of added water, contrary to Section 2 of the Food and Drugs Act 1955	20 0 0	2 2 0	22 2 0

REPORT OF THE VETERINARY OFFICER, CHIEF MEAT INSPECTOR AND ABATTOIR MANAGER

By J. H. M. HUGHES, M.R.C.V.S., D.V.S.M., F.R.S.H.

The duties delegated to the Veterinary Section of the Department comprises:—

- (1) The general administration of the Diseases of Animals Act 1950 and all statutory Orders and Regulations made thereunder.
- (2) The management of the Municipal Abattoir and Meat Market including the collection of tolls and charges for use of the premises and services provided.
- (3) The administration of the Slaughter of Animals Act 1958 in so far as it relates to slaughtermen engaged at the Public Abattoir.
- (4) The ante-mortem and post-mortem inspection of animals, carcasses, and organs at the abattoir, including the marking of carcasses passed fit for human consumption in accordance with the Meat Inspection Regulations 1963.
- (5) The administration of the Animals Boarding Establishments Act 1963 and the Riding Establishments Act 1964.
- (6) Veterinary attention to livestock at Whitchurch Hospital Farm according to a financial arrangement between the Corporation and the Hospital Management Committee.
- (7) Veterinary Services to Cardiff City Police in connection with the Protection of Animals Acts.

Diseases of Animals Act 1950

The main purpose of the Act is to control, with a view to eradication, certain diseases of animals and poultry which put the agricultural industry at risk or are a menace to public health. The Act further provides for the humane treatment of animals in transit and imposes restrictions on the import of animals, meat, poultry, semen, hay and straw, and therapeutic substances from countries where serious diseases are indigenous. The diseases at present scheduled under the Act are Foot and Mouth Disease, Anthrax, Swine Fever, Fowl Pest (Newcastle Disease), Bovine Tuberculosis, Sheep Scab, Sheep Pox, Rabies, Parasitic Mange in Horses, Rinderpest, Contagious Bovine Pleuropneumonia, Glanders, Epizootic Lymphangitis, Psittacosis and Virus Hepatitis in Poultry. Machinery exists for control of Brucellosis and a more positive approach to the eradication of this disease is having the active attention of the Ministry. As the result of the measures taken a number of the diseases mentioned are now extinct in Great Britain and others are well on the way to eradication.

The Swine Fever Order 1963.—One suspected case of Swine Fever was investigated and found negative. The slaughter policy for infected and in-contact pigs permitted by the 1963 Order has produced a dramatic fall in the incidence of the disease from 1,243 confirmed cases in 1963 to 113 confirmed cases in 1965.

The Regulation of Movement of Swine Order 1959.—The Order is ancillary to the proceeding one in the control of Swine Fever. It requires the licensing of all pigs from markets and pig dealers premises and pigs so moved to pig keepers premises for further fattening must be detained for 28 days unless re-licensed during that period to slaughter-houses. During the year 596 licences were received authorising the movement of 8,903 pigs to the abattoir and City pig keepers premises.

The Swine Fever (Infected Areas Restrictions) Order 1956 and 1958.—The Orders empower the Minister to restrict the movement of pigs in an area where the disease is found. During the year 27 Infected Areas were declared all of which were released from restriction at the end of the year together with 3 Infected Areas outstanding at the end of 1964, the nearest Infected Area to Cardiff was in Gloucestershire.

The Foot and Mouth Disease (Infected Areas Restrictions) Order 1938.—One Infected Area was declared following an outbreak of the disease at Dartgate, Kent. This was an isolated case of continental type C which did not develop beyond the farm of origin. Restrictions on animal movements imposed by the Order were removed in 3 weeks.

The Fowl Pest (Infected Areas Restrictions) Orders 1956 and 1958.—Owing to the reduced number of outbreaks of Fowl Pest the Minister did not consider it necessary to declare any Infected Areas during the year. An intensive vaccination programme has rendered the disease of small economic importance and confirmed cases have fallen from 3,384 in 1962 to 495 in 1965.

Anthrax Order 1938.—The disease continues to be of importance throughout the country although no cases were found in Cardiff. It is generally agreed that spore-bearing imported animal feeding matter is the principal cause and the disease does not assume epidemic proportions in this country. As a precautionary measure blood smears are microscopically examined from animals which arrive dead or die in lairage at the abattoir. During the year 1 steer, 12 sheep, 2 calves, and 4 pigs were involved, all with negative results. In all 515 cases of anthrax were confirmed in animals in Great Britain.

Rabies Order 1938.—Apart from the occasional case found in quarantine stations rabies has not been encountered in this country since 1922. This disease is still indigenous in continental countries and its absence is due to the strict quarantine regulations demanding the isolation of susceptible animals in approved premises for 6 months. As a precaution against the disease and at the same time affording an opportunity for checking against other communicable diseases, a total of 18 dogs, reported having bitten persons, were examined.

Importation of Dogs and Cats Order 1928.—A Cardiff Veterinary Surgeon reported the alleged illegal importation of a cat from Italy through the Port of Dover to a Cardiff destination. The owner had the cat destroyed in preference to detention in quarantine and the information was transmitted to the Customs and Excise Officers at the Port of entry.

The Tuberculosis Order 1964.—The campaign for the eradication of bovine tuberculosis by the slaughter of reactors to the tuberculin test has been virtually completed and the disease is for all practical purposes eliminated. Transmission of the causal organism to a herd occasionally occurs which results in the odd animal proving positive to the test. During the year 15 reacting cattle from Glamorgan and Monmouthshire were slaughtered at the abattoir on behalf of the Ministry and detailed post-mortem results together with laboratory material were submitted.

The Diseases of Animals (Waste Foods) Order 1957.—The feeding of raw or insufficiently cooked food containing animal matter is a potential disease risk to pigs and poultry. The Order provides for the adequate boiling of this material and the licensing of boiler plant and utensils used. At the end of the year 41 premises were licensed and 5 licences were rescinded following demolition and vacation of premises. Eighty-two visits of inspection were made to pig and poultry keepers premises.

The Poultry and Hatching Eggs (Importation) Amendment Order 1965.—The principal Order of 1947 has been amended to prohibit the importation of live poultry and poultry eggs intended for hatching into Scotland from Eire.

The Poultry Premises and Vehicle (Disinfection) Order 1956.—The Order imposes an obligation on occupiers of poultry slaughterhouses to cleanse and disinfect the premises and vehicles after use. During the year there were only 3 known poultry slaughterhouses in the City and these were used to a very limited extent. Nine visits of inspection were made and no statutory notices were served.

The Animals (Landing from Channel Islands, Isle of Man, Northern Ireland and The Republic of Ireland) Orders 1955 to 1963.—Twenty-three licences were received authorising the movement of 318 Irish cattle to Roath Abattoir from ports of Fishguard, Holyhead and Birkenhead, and all were slaughtered within the requisite period. After the 9th October, 1965 the export of cattle from the Republic of Ireland was confined to those of attested status.

The Hares (Control of Importation) Order 1965.—The Order extends the definition of "Animals" to include hares, and of diseases to include brucella Suis and tularaemia, in the Diseases of Animals Act 1950. It prohibits the importation into Great Britain of live hares except under licence.

The Markets (Protection of Animals) (Amendment) Order 1965.—The principal Order of 1964 makes provision for the protection of cattle, sheep, pigs and goats exposed for sale at livestock markets or waiting removal therefrom. The part of the amending Order relating to feeding and watering animals came into operation on the 16th January, 1965, and the part relating to covered accommodation and the segregation of horned cattle shall come into operation in 1966.

Summary of Outbreaks of Scheduled Diseases

				1965	1964	1963	1962
Anthrax	..	..	..	515	492	330	340
Foot and Mouth Disease	..		..	1	Nil	Nil	5
Fowl Pest	..	..	..	495	2176	2,228	3,384
Swine Fever	..	..	..	113	402	1,243	1,874

The Slaughter of Animals Act 1958

During the year 2 new licences and 62 renewals of existing licences were granted to stun and slaughter animals.

The Meat Inspection (Amendment) Regulations 1965

The amending Order extends by one year, ending on the 30th September, 1966, the operation of regulations 3(2) and 7(3) of the principal regulations, which permit the carcasses of animals slaughtered for sale for human consumption to be removed from the place of slaughter without inspection in certain circumstances.

Export of Meat Products

Veterinary certificates were issued for the export of six consignments of kosher meat products, derived from animals slaughtered at Roath Abattoir, to Denmark, Norway, Sweden and Thailand.

The Protection of Animals Acts 1911 to 1927

Stray animals, injured in street accidents, come within the province of Cardiff City Police. At their request 2 horses, 33 dogs, and 9 cats were examined. Of these 2 horses, 20 dogs, and 4 cats were destroyed and the remainder treated for injuries.

The Riding Establishments Act 1963

One licence was granted for the use of premises in the City as a riding establishment and periodic checks were made on the horses used therein.

The Animal Boarding Establishments Act 1963

One licence was granted for the use of premises in the City, as an animal boarding establishment. A further licence was approved subject to planning permission being obtained but the licence was not taken up at the end of the year.

Veterinary Services to Other Departments

Cardiff City Police Sixty-two visits to animals
Cardiff North and District Hospital Management Committee Twenty-six visits to animals

MEAT INSPECTION STATISTICS

CARCASES AND OFFALS INSPECTED AND CONDEMNED IN WHOLE OR PART

(Form as set out by the Ministry of Health)

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	7,992	309	1,654	67,179	31,033	Nil
Number Inspected	7,992	309	1,654	67,179	31,033	Nil
ALL DISEASES EXCEPT TUBERCULOSIS						
Whole Carcases Condemned	Nil	12	17	51	47	Nil
Carcases of which some part or organ was condemned	171	37	13	1,432	2,106	Nil
Percentage of number inspected affected with disease other than Tuberculosis or Cysticercosis	2.14	1.58	1.82	2.2	6.94	Nil
TUBERCULOSIS						
Whole Carcases Condemned	Nil	1	Nil	Nil	Nil	Nil
Carcases of which some part or organ was condemned	Nil	5	Nil	Nil	151	Nil
Percentage of Number Inspected affected with Tuberculosis	Nil	2.0	Nil	Nil	0.48	Nil
CYSTICERCOSIS						
Carcases of which some part or organ was condemned	1	1	Nil	Nil	Nil	Nil
Carcases Submitted to treatment by refrigeration	1	1	Nil	Nil	Nil	Nil
Generalized and Totally Condemned	Nil	Nil	Nil	Nil	Nil	Nil
Percentage of number inspected affected with Cysticercosis	0.32	0.01	Nil	Nil	Nil	Nil

ANIMALS SLAUGHTERED—COMPARATIVE TABLE

	1965	1964	1963	1962	1961	1960	1939
Cattle	8,301	9,918	13,182	12,041	14,295	11,852	6,693
Calves	1,654	2,080	4,168	6,833	9,113	8,785	7,788
Sheep	67,179	77,466	74,545	83,321	98,710	75,740	53,632
Pigs	31,033	28,353	28,839	26,371	26,895	28,036	25,257
Total	108,167	117,817	120,734	128,566	149,013	124,413	93,370

INCIDENCE OF TUBERCULOSIS

				Macroscopic Lesions	Percentage	Percentage Corresponding Period 1964
ANIMALS SLAUGHTERED						
Sheep	...	...	67,179	Nil	Nil	Nil
Pigs	...	...	31,033	151	0.48	0.49
TOTAL CATTLE SLAUGHTERED (Including Attested, Reactors and Irish Cattle)						
Cows	...	...	309	5	1.61	0.46
Steers/Heifers	...	...	7,992	Nil	Nil	0.01
Bulls	...	...	—	Nil	Nil	Nil
Calves	...	...	1,654	Nil	Nil	Nil
ATTESTED CATTLE						
Cows	...	...	294	Nil	Nil	0.31
Steers/Heifers	...	...	7,674	Nil	Nil	Nil
Bulls	...	...	—	Nil	Nil	Nil
Calves	...	...	1,654	Nil	Nil	Nil
KNOWN REACTORS AND DANGEROUS CONTACTS (Sent in by M.A.F.F.)						
Cows	...	...	15	5	33.3	20.0
Steers/Heifers	...	...	—	Nil	Nil	50.0
Bulls	...	...	—	Nil	Nil	Nil
Calves	...	...	—	Nil	Nil	Nil
IMPORTED IRISH CATTLE						
Steers/Heifers	...	...	318	Nil	Nil	Nil

INCIDENCE OF CYSTICERCOSIS

Cattle Slaughtered				Number of cases of CYSTICERCOSIS BOVIS	Percentage of Infestation	Total Percentage	Percentage for 1964
Cows	...	...	309	1	0.32	0.02	0.31
Steers/Heifers	...	...	7,992	1	0.01		0.14

INCIDENCE OF HYDATID CYSTS

Animals Slaughtered				Number of Cases of HYDATID CYSTS	Percentage of Infestation	Percentage for 1964
Cattle	...	...	8,301	160	1.93	0.88
Sheep...	...	...	67,179	592	0.88	1.05

TABLE SHEWING CAUSES OF REJECTION OF CARCASSES AND PART CARCASSES

DISEASES	CATTLE		CALVES		SHEEP		PIGS	
	Total	Part	Total	Part	Total	Part	Total	Part
Tuberculosis/Emaciation ...	1	—	—	—	—	—	—	151
Oedema/Emaciation ...	6	—	2	—	16	—	4	—
Decomposition ...	—	3	2	—	15	24	30	47
Traumatism ...	1	32	—	2	2	10	1	47
Moribund ...	—	—	2	—	10	—	4	—
Pyæmia ...	—	—	5	—	—	—	—	—
Fevered ...	1	—	4	—	1	—	—	—
Immaturity ...	—	—	1	—	—	—	—	—
Bonetail ...	—	30	—	—	3	—	—	—
Arthritis ...	—	—	—	—	—	4	—	33
Pleurisy/Acute Pleurisy ...	—	—	1	—	1	9	1	3
Peritonitis/Acute Peritonitis	1	3	—	—	1	3	—	—
Jaundice ...	—	—	—	—	—	—	4	—
Abscesses/Multiple Abscesses	—	—	—	—	1	13	2	157
Acetæmia ...	1	—	—	—	—	—	—	—
Presternal Calcification ...	—	3	—	—	—	—	—	—
Acute Enteritis ...	—	—	—	—	—	—	1	—
Acute Septicæmia ...	1	—	—	—	—	—	—	—
Toxæmia ...	—	—	—	—	1	—	—	—
Tumours ...	—	—	—	—	—	1	—	—
Acute Septic Mastitis ...	1	—	—	—	—	—	—	—
TOTAL ...	13	71	17	2	51	64	47	438

CONDEMNATION CERTIFICATES

638 Certificates were granted in respect of condemned carcasses, part carcasses, and offals at Roath Abattoir and Meat Market during the year 1965.

NUMBER OF ORGANS REJECTED

	Cattle	Calves	Sheep	Pigs
HEADS (including tongues)				
Tuberculosis...	3	—	—	151
Other Conditions ...	42	—	—	—
TONGUES				
Tuberculosis...	—	—	—	—
Other Conditions ...	37	—	—	—
LUNGS				
Tuberculosis...	5	—	—	—
Other Conditions ...	134	—	—	—
HEARTS				
Tuberculosis...	5	—	—	—
Other Conditions ...	63	—	—	—
SKIRTS				
Tuberculosis...	5	—	—	—
Other Conditions ...	94	—	—	—
LIVERS				
Tuberculosis...	—	—	—	—
Other Conditions ...	1,576	3	3,578	814
PLUCKS				
Tuberculosis...	—	—	—	—
Other Conditions ...	—	9	917	1,493
TRIPES				
Tuberculosis...	—	—	—	—
Other Conditions ...	14	—	—	—
TAILS				
Tuberculosis...	—	—	—	—
Other Conditions ...	74	—	—	—

WEIGHT OF MEAT AND OFFAL REJECTED FROM ANIMALS SLAUGHTERED AT ROATH ABATTOIR

	Tons	Cwts.	Qrs.	Lbs.
13 Carcases Beef	2	3	0	26
17 Carcases Veal	—	6	2	5
51 Carcases Mutton	—	16	1	18
17 Carcases Pork	—	13	2	0
71 Part Carcases Beef	1	11	1	24
2 Part Carcases Veal	—	—	—	17
64 Part Carcases Mutton	—	5	2	8
398 Part Carcases Pork	2	4	0	4
Offal Beef	1	5	1	8
Calf	—	—	1	14
Sheep	1	4	3	26
Pig	2	10	1	24
TOTAL	13	2	0	6

WEIGHT OF MEAT AND OFFAL REJECTED EX-OTHER SLAUGHTERHOUSES

	Tons	Cwts.	Qrs.	Lbs.
30 Carcases Pork	1	14	2	11
40 Part Carcases Pork	—	3	3	27
Offal Beef	—	3	0	6
Pig	1	1	0	9
TOTAL	3	2	2	25

TOTAL WEIGHT OF MEAT AND OFFAL REJECTED DURING 1965

16 Tons 4 Cwts. 3 Qrs. 3 lbs.

The Abattoir and Meat Market (General)

The existing abattoir and meat market in Adamsdown, first erected in 1878, showed signs of rapid decay during the year and proved expensive to maintain even to minimum standards. The coal-fired boilers, installed in 1928, are of low efficiency by modern standards and the steam pumps are practically worn out. These items required more than normal maintenance. In spite of the difficulties the plant was kept in continuous operation with a minimum expenditure.

As already reported the Slaughterhouse Report of the Cardiff City Council to the Ministry of Agriculture, Fisheries and Food recommended the 1st January, 1965, as the date when the statutory slaughterhouse requirements would be put into effect. In view of the Corporation's decision to erect a new abattoir in preference to modernising the existing one, the Ministry granted a postponement of the date to the 1st January, 1966, provided that the new project was started without delay.

Tenders for the new undertaking were received on the 31st December, 1964, of which the lowest was in the sum of £843,732. The tender figures included the basement car park at a cost of £96,950, so that the net cost of the abattoir and meat market stands at £746,782.

Work commenced on the 11th January, 1965, with the excavation of the old timber pond to provide the car park, casualty slaughterhall, by-products area and plant rooms. Piling began on the 11th February, 1965, and work commenced shortly afterwards on the basement floor slab and the erection of columns to support the ground floor which accommodates the lairage, main slaughterhall, chill rooms, meat market and the ground floor of the office block. The concreting of the ground floor slabs was commenced towards the end of May, 1965. Brickwork started in the basement area in September, 1965, and the columns from the ground floor to the first floor of the office block were completed on the 9th October, 1965. The erection of steelwork for the lairage and slaughterhall started in October and was completed early in November when the roofing of the lairage was commenced. The erection of steelwork for the market commenced early in October when the boilers, refrigeration equipment were delivered. The building work was seriously delayed by difficulties in obtaining structural steelwork and it is now estimated the premises will be ready for occupation on the 1st July, 1966.

In the design of the abattoir emphasis was placed on compactness, humane treatment of animals, labour-saving devices and good working conditions for staff. Animals when stunned will be elevated for bleeding and will remain in a vertical position throughout the dressing process until finally finished off by washing with pressurised jets with a chlorine additive. Hygiene will be greatly assisted by a system of dropping inedible and waste products through chutes on the slaughter floor to a basement area for sorting and despatch. Livestock and inedible products will enter and leave through a stock yard which is entirely separate from the edible meat area. The basement area lends itself to the provision of a casualty slaughterhall where animals suspected of infectious diseases can be slaughtered without contaminating the main slaughterhall. The five chill rooms are of the latest design incorporating the quick chill process so popular on the Continent. In general the Continental requirements of an export abattoir have been kept in mind in case an export trade is developed from the abattoir. The working staff will be catered for by the provision of showers, locker room, drying and changing room and an adequate canteen or mess room.

Over many years a succession of committees have reported on the need for improvements in Meat marketing. The last of these reports was that of a Committee of Inquiry into Fatstock and Carcase Meat Marketing and Distribution under the Chairmanship of Sir Reginald Verdon-Smith and referred to as the Verdon-Smith Report, published last year. During the current year the Government have conducted discussions on the Report with representative bodies engaged in the livestock and meat trades and have reached conclusions embodied in a White Paper published in August, 1965. The Government confirmed the findings of the Verdon-Smith Report that a Meat Marketing Board was not justified and in its place there should be established a Meat and Livestock Commission charged with a range of responsibilities designed to bring about improvements across the whole field of livestock production, marketing and distribution. It is not proposed that the Commission should be given powers of control over the sales by producers, but advocates the development of producer groups with assistance in the dissemination of market information. The formation of these groups would encourage the movement of fatstock direct from producers to abattoirs for marketing on a dead-weight and grade basis. Carcase classification would be the function of the Commission and it is considered that ultimately it will provide criteria for consumers to judge meat qualities at retail level. As part of their responsibility for certifying stock, the commission would be responsible for approving slaughterhouses as certification centres for guarantee purposes. An interesting function of the Commission, as far as Local Authorities are concerned, is to advise the Ministers as required on the licensing of slaughterhouses and the level of charges in public slaughterhouses and improved techniques of slaughtering, and it could give help in measures to improve the training of slaughtermen. It would not, however, be charged with the responsibility for hygienic standards in slaughterhouses nor for meat inspection. The present lack of co-ordination between imported and home-produced meat has a disturbing influence on the meat trade and the Government intend to look to the Commission as a source of advice on current and prospective supplies of meat from all sources. Legislation to provide for the setting up of a Meat and Livestock Commission has been deferred owing to the impending parliamentary election.

REPORT OF THE CITY ANALYST FOR 1965

by A. R. PHILLIPS, B.Sc., F.R.I.C.

I have the honour to present the Annual Report on the work of the City Analyst's Laboratory during 1965.

The form of report has been somewhat altered this year and includes a separate section covering Food and Drugs sampling and analysis which has been prepared jointly by myself and the Chief Public Health Inspector.

I wish to thank the members of the Health Committee and the Medical Officer of Health for their keen interest in the work carried out at the Laboratory during the year.

The loss of two experienced and qualified members of the staff during the middle of the year was unfortunate and replacements have proved difficult to obtain. Thanks, however, to the wholehearted support of the Deputy City Analyst, Mr. R. H. McKinlay, and all members of the staff the routine work has been carried out in a satisfactory manner, although work on the development of analytical methods has had to be curtailed temporarily.

A considerable volume of proposed new legislation, Codes of Practice and official reports affecting the composition of food have appeared during the year. The trends are towards increased specifications especially with regard to additives, such as colouring matters, flavourings, etc., and this will result in a substantial increase in the analytical work necessary for control. The analytical work carried out for the County Borough of Swansea has continued and includes work under the Food and Drugs Act, Fertilisers and Feeding Stuffs Act, analyses for the Waterworks Department and examinations for other Departments. The pattern of work has remained similar to the previous year and is summarised in the following table:—

For the City of Cardiff:—

Under the Food and Drugs Act	..	..	..	..	1,077
Under the Milk (Special Designation) Regulations	..				32
For the Port Health Authority	..	..	..	..	83
Under the Fertilisers and Feeding Stuffs Act	..		..		26
For the Public Health Department:—					
Atmospheric Pollution:—					
Deposit Gauge Analyses	..	..	..	..	36
Sulphur Dioxide Determinations	..	..	..	..	1,445
Smoke Measurements	..	..	..	..	1,446
Foods	..	..	..	..	30
Waters	..	..	..	..	56
Others	..	..	..	..	35
For the City Architect's Department	..	..	..	..	3
For the City Surveyor's Department	..	..	..	..	14
For the City Treasurer's Department	..	..	..	..	3
For the Waterworks Department	..	..	..	..	537
For the Weights and Measures Department	..	..	..	..	1
From other sources	..	..	..	..	23

— 4,847

For the County Borough of Swansea:—

Under the Food and Drugs Act	520
For the Port Health Authority	10
For the Public Health Department:—	
Atmospheric Pollution:—	
Deposit Gauge Analyses	36
Lead Peroxide Cylinders	36
Waters and Effluents	26
For the Borough Engineer's Department	17
For the Waterworks Department	122
For the Weights and Measures Department	14
From other sources	5
	<hr/>
	786
	<hr/>
	5,633
	<hr/>

Staff Changes

Mr. B. Sanders, B.Sc., A.R.I.C., was appointed on the Analyst's Grade in May and was able to take up his appointment in September after completing his post graduate research. Mr. A. Morgan, A.R.I.C., left the Laboratory in September to take up an appointment as Government Chemist in Malawi, East Africa. His post was not filled until November when Mr. W. Davies, A.R.I.C., was appointed. Mr. D. Hopkins, B.Sc., A.R.I.C., Senior Analyst with 7 years experience in this laboratory resigned in July having been appointed Chief Chemist to the Great Ouse River Authority at a considerably higher salary. At the time of writing this report the position of Senior Analyst had not been filled.

Laboratory Activities

As is usual quite a number of students visited the Laboratory in order to get an insight into the work of the Public Analyst. They included groups from the College of Domestic Arts and Llandaff Technical College and other bodies. A public health student from Turkey attended the laboratory for a week during which he was able to see some of the practical methods in actual use.

My own attendance at official meetings of Public Analysts during the year, chiefly at London, was of great value in maintaining contact with our own sphere of work.

FOOD AND DRUGS ACTS

During the year a total of 1,077 samples were submitted by the City of Cardiff. These comprised milks 456, foods 593 and drugs 28. Of these 106 (or 9·8%) were reported on as being unsatisfactory. Full details of the work carried out under this Act for the City of Cardiff are given in the joint report. Your Public Analyst also acts for the County Borough of Swansea and during the year a total of 520 samples were received from their Chief Public Health Inspector. Separate Quarterly and Annual Reports are made to the Swansea Health Committee giving full details of the work carried out for them.

Imported Foods submitted by the Port Health Authority

During the year 81 samples were submitted for analysis by the Chief Port Health Inspector and included the following:—

Canned:—				Ravioli in Tomato Sauce	...	...	1
Beef Stock with gravy	...	...	1	Sausages (in brine)	...	...	1
Beef Loaf	...	...	1	Stringless Beans...	...	...	1
Cherries	...	...	1	Tomato Paste	...	...	1
Crab	...	...	1	Tomatoes	...	...	35
Casserole Steak in gravy	...	...	1	Dried Peas	...	...	1
Chopped Pork	...	...	1	Dried Prunes	...	...	2
French Beans	...	...	1	Flour	...	...	3
Luncheon Meat	...	...	1	Fresh Fruit:—			
Lunch Meat Loaf	...	...	1	Grapefruit	...	...	2
Lunch Tongues	...	...	1	Lemons	...	...	5
Mandarin Oranges	...	...	1	Oranges	...	...	8
New Potatoes	...	...	1	Tomatoes	...	...	1
Ox Tongue	...	...	1	Grape Juice	...	...	1
Pineapple	...	...	2	Lard	...	...	2
Pork Luncheon Meat	...	...	1	Sultanas	...	...	1

Samples reported as unsatisfactory included the following: Canned Chopped Pork showed black staining of the meat and contained 280 parts per million of tin instead of the recommended limit of 250 p.p.m. Canned Lunch Tongues contained 87% of meat, instead of at least 95%. Canned Lunch Meat Loaf had a meat content of 60%, whereas meat loaf should contain at least 65%. The description was also unsatisfactory, since the word "lunch" should not be used unless the product complies with the minimum for Luncheon Meat, i.e. 80%. Canned Ox Tongue (2 samples) contained slightly liquefied gelatine at ordinary temperature but otherwise were considered to be satisfactory from the chemical point of view.

Fifteen out of 32 tins of tomatoes contained excessive amounts of metallic contamination, 12 samples contained excessive amounts of dissolved tin and 5 contained both tin and lead above the maximum. The tin limit is a recommended one of 250 p.p.m. Quite a number of the samples showed tin in excess of 500 p.p.m. and two showed about 900 p.p.m. The Lead in Food Regulations prescribe a general maximum of 2 p.p.m. for lead and this limit is applicable to Canned Tomatoes. The highest figure found in these samples was 9 p.p.m. After a period of dispute the remainder of the consignment was finally re-exported.

A sample of Canned French Beans was also found to contain an excess of tin.

A sample of white Grape Juice imported from Germany did not comply with the Labelling of Food Order since a claim for the presence of minerals was made without actually stating the amounts present. The attention of the importer was drawn to this omission by the Chief Port Health Inspector.

Testing for insecticide residues on imported fruit was continued throughout the year. No instances of contamination were revealed by the biological sorting test at present in use. The citrus fruits were tested for the presence of diphenyl and also ortho phenyl phenol but all samples were below the permitted maximum. Absorption of these permitted fungicides occurs into the skins of the fruit but no objection is taken to their presence if the level does not exceed 100 p.p.m. calculated on the whole fruit. One sample of Canned Cherries (Italian produce) was found to contain the permitted colour erythrosine, together with a small amount of fluorescein (not a permitted colouring matter). However, since it was known from the experience of other public analysts that this substance can be formed from erythrosine as a breakdown product during processing, no objection could be taken to its presence in this instance. All the other samples examined were satisfactory with no non-permitted preservatives or colouring matters being present.

FERTILISERS AND FEEDING STUFFS ACT 1926

During the year a total of 26 samples were examined under this Act, for the City of Cardiff. These comprised 7 Fertilisers and 19 Feeding Stuffs as follows:—

Steamed Bone Flour, Flower Fertiliser, Growmore Fertiliser, Vegetable Fertiliser, Bone Meal, Sulphate of Potash, Sulphate of Ammonia. Maize Meal, Barley Meal (2), Sow and Weaner Meal, Layers Mash (7), Chicken Crumbs, Weaners Growers Mash, Range Growers Pellets, Barley Balancer, Range Layers Pellets, Turkey Fattening Pellets, Pig Meal (2).

The sample of Vegetable Fertiliser contained a small excess of soluble phosphoric acid but this was not considered to be to the prejudice of the purchaser. One sample of Layers Mash was satisfactory with respect to oil and protein content but the amount of fibre was in excess of the upper limit of variation by 0.54%, this being to the prejudice of the purchaser. A further batch of six samples from the same source were found to be satisfactory in all respects although in each sample the fibre content was at or near the upper limit. The remaining samples complied fully with the requirements of the Act.

For the County Borough of Swansea, the enforcement of this Act is carried out by the Chief Inspector, Weights and Measures Department. Fourteen samples, 9 Fertilisers and 5 Feeding Stuffs were received for analysis during the year.

ATMOSPHERIC POLLUTION

The necessary analytical work in this field is carried out for both Cardiff and Swansea and includes monthly analysis of deposit gauge contents for soluble matter (including calcium, chloride and sulphate), insoluble matter (ash, tar and other combustible matter), pH value and the volume of rain water collected.

The results for the three stations in Cardiff are summarised in the following table:—

Deposition for 1965 in Tons per square mile per year

Station	Total Deposited Matter	Insoluble Mineral Matter Ash	Rainfall (inches)
City Hall ...	149	53	41
Curran Road ...	153	82	20
Moorland Road	340	200	33

Continuous recording of the daily smoke and sulphur dioxide levels in the air at six stations within the City are also made throughout the year. Four of the stations are now equipped with automatic 8-day sampling units, and in these cases the titrations for sulphur dioxide and the reflectometric measurements of the smoke stains are made weekly.

TABLE IV

MONTHLY AVERAGE DEPOSITED MATTER

tons per square mile per month

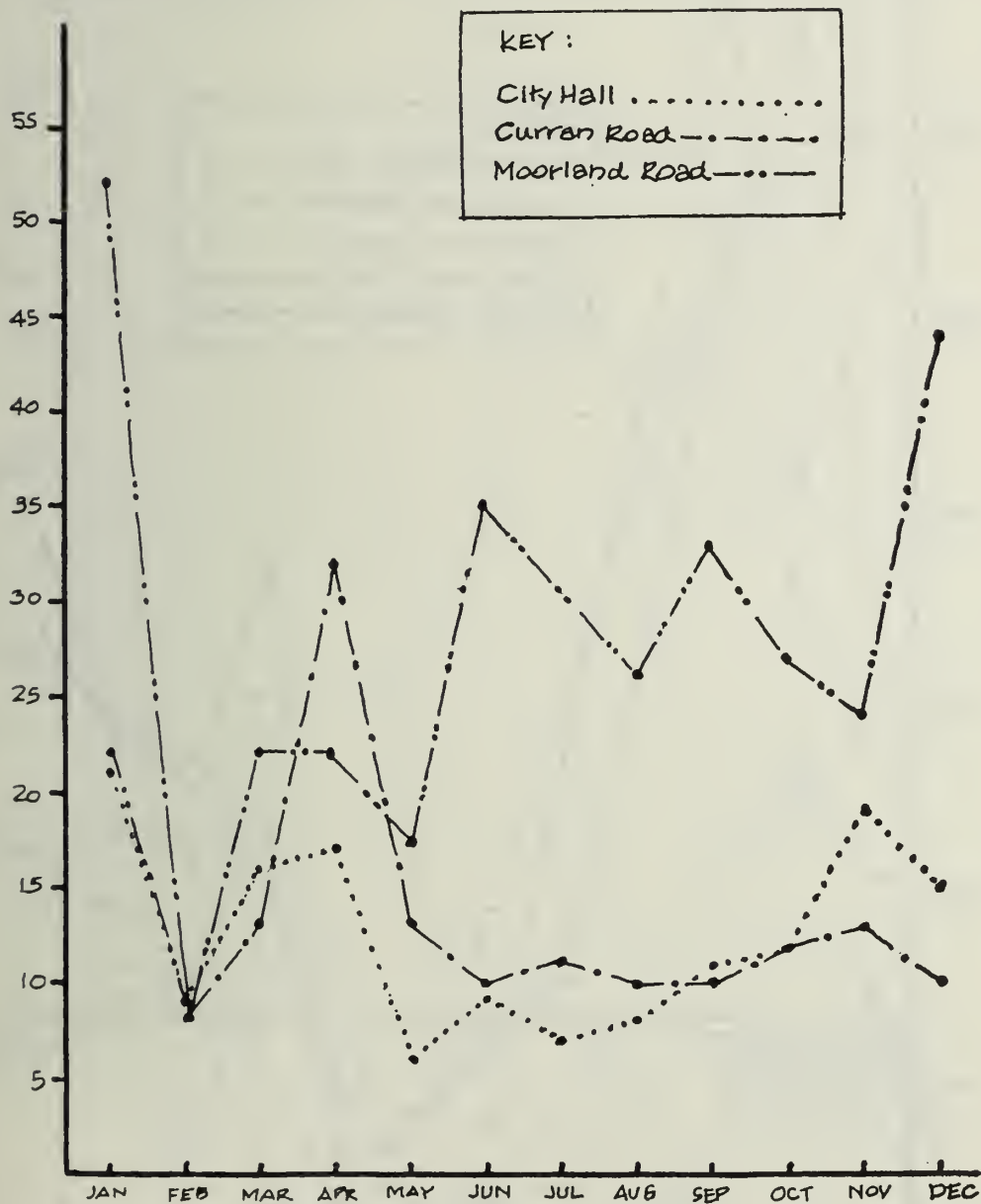


TABLE V

MONTHLY AVERAGE CONCENTRATION - SMOKE

microgrammes per cubic metre

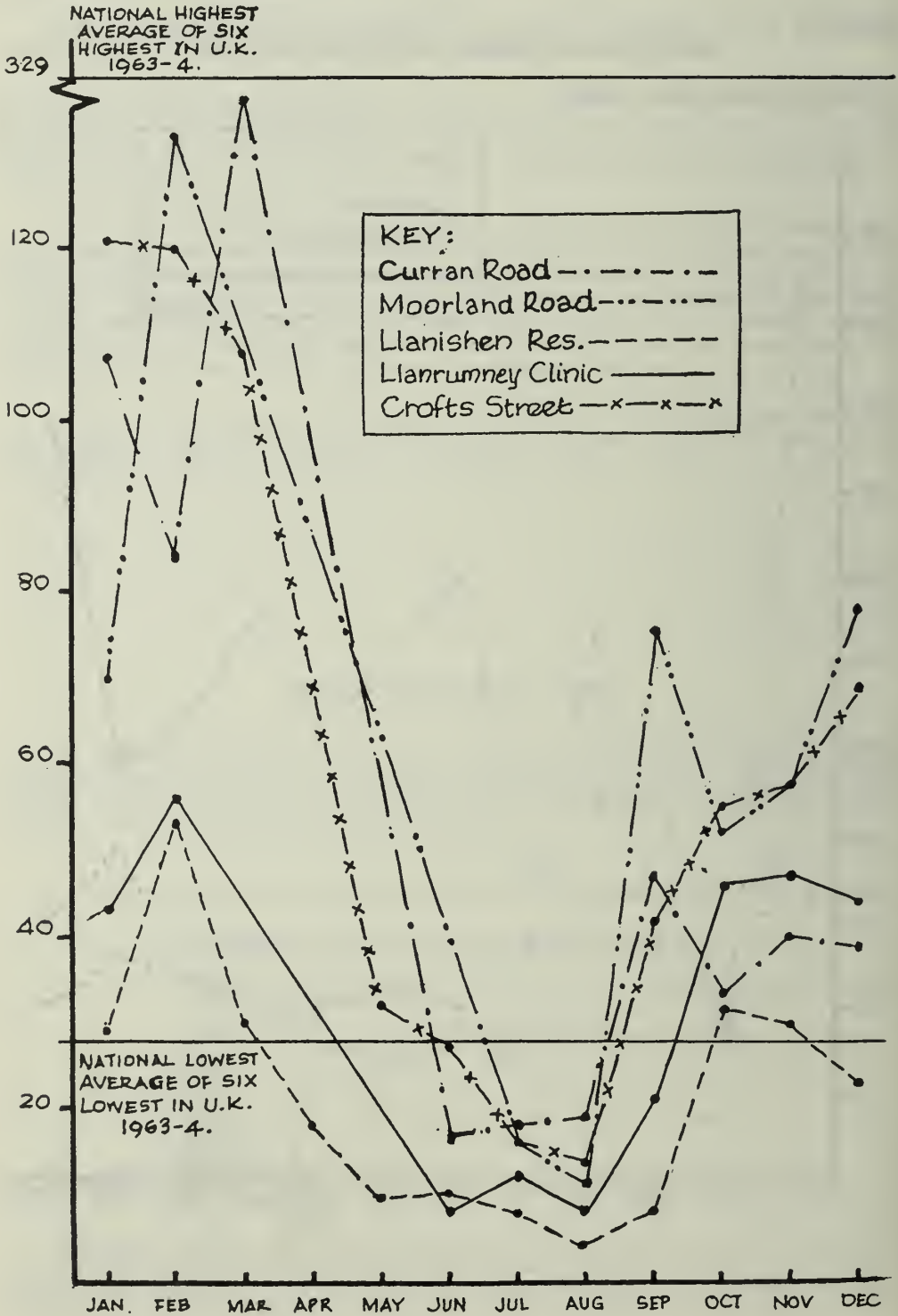


TABLE VI

MONTHLY AVERAGE INSOLUBLE DEPOSITED MATTER
milligrammes per square metre per day

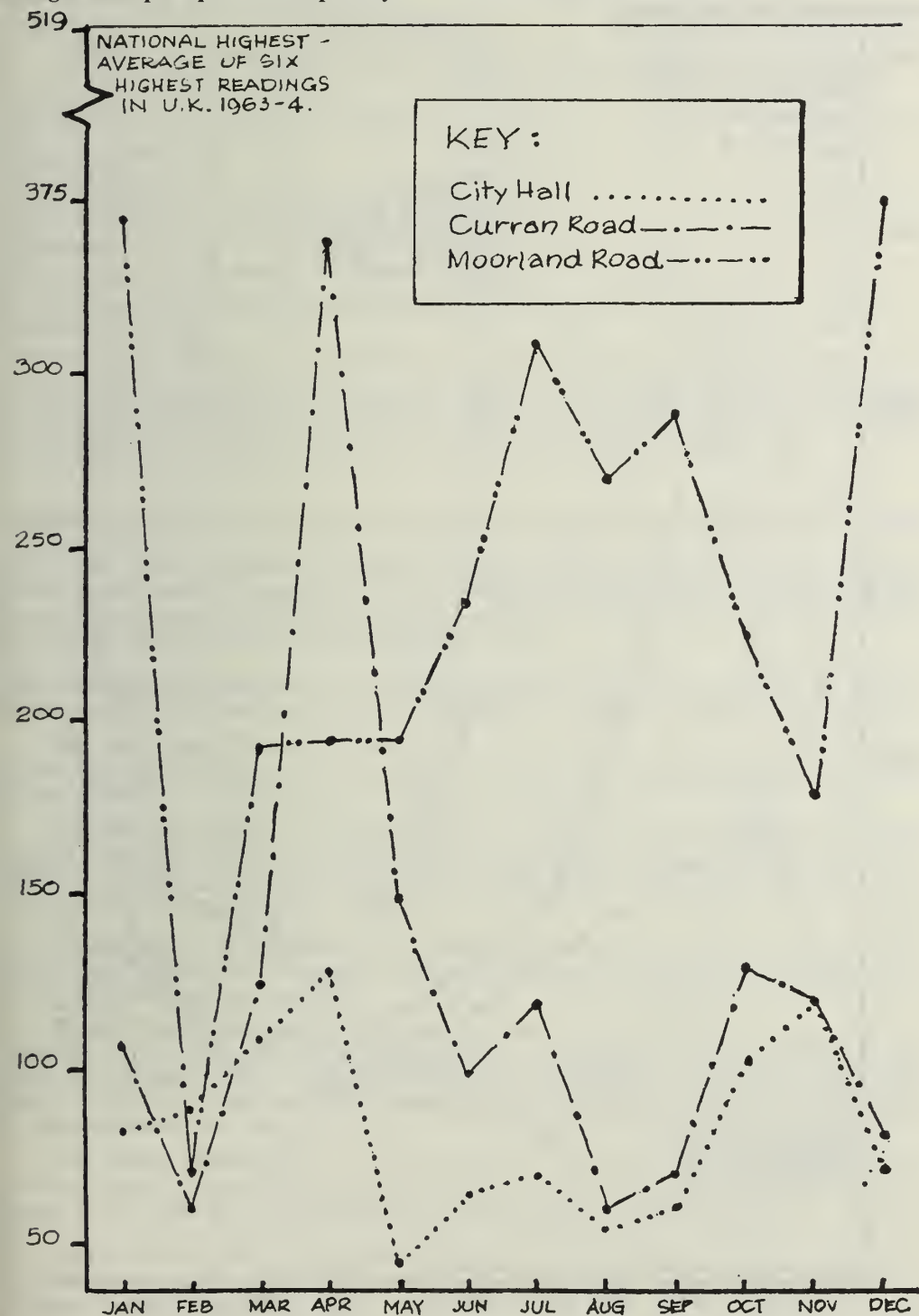
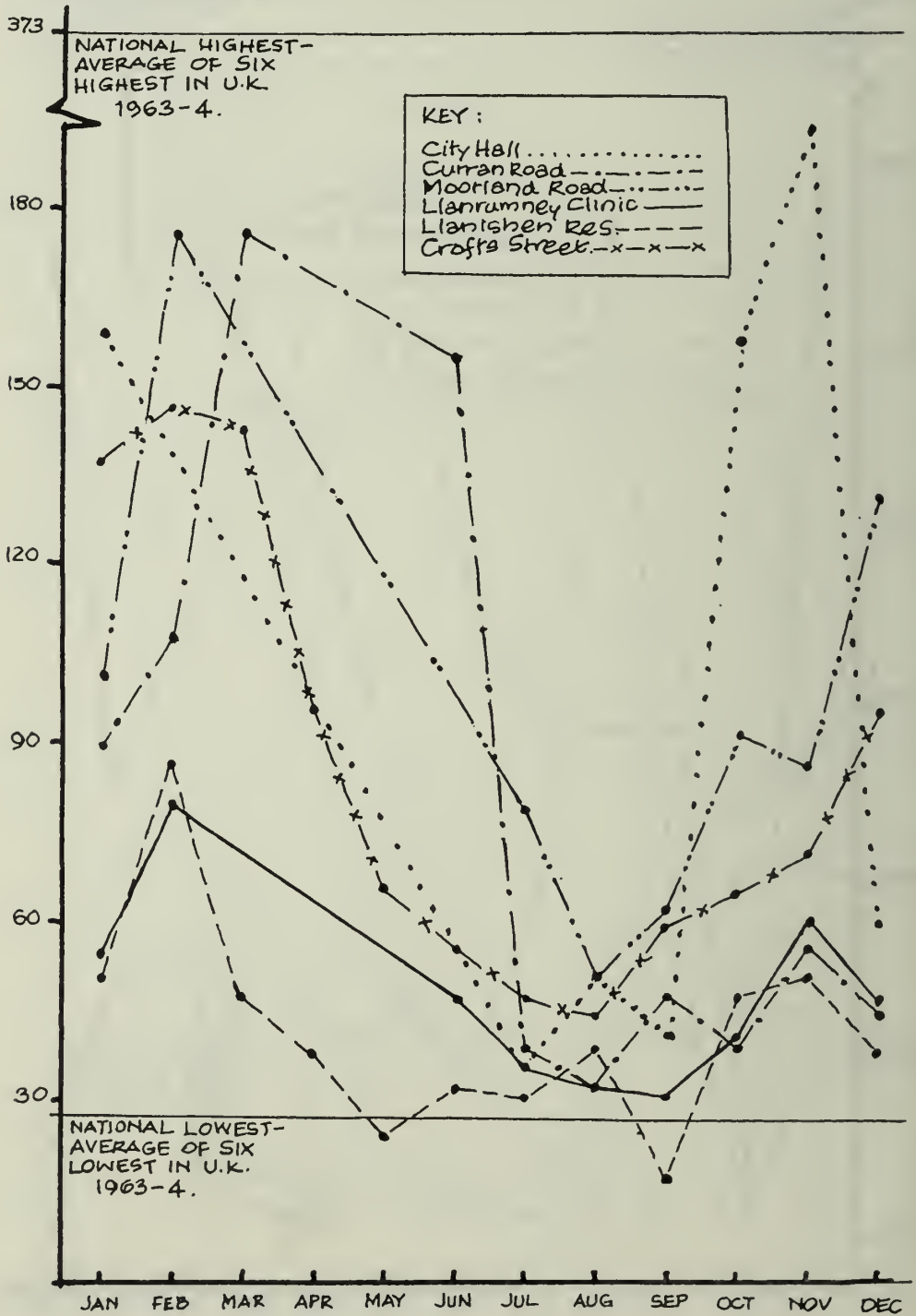


TABLE VII

MONTHLY AVERAGE CONCENTRATION - SO_2

microgrammes per cubic metre



Smoke and Sulphur Dioxide Concentrations for 1965

Site	Smoke Concentration Micrograms per cubic metre		Sulphur dioxide Concentration Micrograms per cubic metre	
	Daily Average	Highest Daily Value	Daily Average	Highest Daily Value
City Hall	37	146	67	224
Curran Road	45	412	68	449
Moorland Road	52	368	87	644
Llanrumney	32	222	49	271
Crofts Street	64	440	93	389
Llanishen	21	168	43	355

Four of the stations were not in continuous use throughout the year. The average values given are based on the results for the following periods: City Hall, 6 months; Moorland Road, 7 months; Curran Road and Llanrumney, 9 months.

MISCELLANEOUS SAMPLES EXAMINED FOR PUBLIC HEALTH DEPARTMENT

(a) **Foods.** These comprised 29 items received from the Chief Public Health Inspector, generally as a result of complaints from members of the public. Details of these articles and the results of chemical or microscopical examination are summarised in the joint report in the section dealing with consumer complaints.

(b) **Other articles.** These were of a miscellaneous nature and were submitted for analysis in connection with various problems. They are referred to briefly in the following paragraphs.

Ash taken from the base of a wood incinerator chimney was not wood ash, but was found to consist of cement dust with particles of fused bricks, presumably derived from the chimney wall.

Dust which had settled on the window sill of a house was believed by the occupier to be coming from the crematorium chimney. Comparative analyses of this dust and some obtained from the crematorium chimney showed it to be quite different in character so that it could not have been derived from this source.

Disinfectant/Deodorant. Analysis showed the presence of 60% of alcohol, perfume, neutral oil and phenolic bodies and was considered to function largely as a masking agent in the particular application.

Plastic Toys. These consisted of 26 samples out of 3 sets of children's toys. The lead content was determined by polarographic methods and found to lie between 600 and 1,400 parts per million for many individual components, chiefly the red coloured articles. These were therefore above the maximum level of 250 p.p.m. recommended by the Home Office for plastic toys.

Rose Petals with black spots were examined. Careful tests on a microchemical scale showed the spots to have distinct traces of acidity and sulphate compared with the undamaged areas. These results pointed to damage by acidic smuts from oil fired boilers.

(c) **Waters, etc.** Tap waters and related complaint samples included a large number from a school laboratory for copper content. A length of piping was also examined in connection with this particular problem.

Two seepage waters from basements showed evidence of organic or sewage pollution while a third cellar water, although slightly polluted, was probably from an underground spring. A number of tap samples contained large amounts of sediment (oxide of iron) and dissolved iron. Further samples taken after mains flushing had been carried out showed considerable improvement.

An unusual instance of oiliness in the water coming from the hot water taps of a dental clinic was traced to the water storage tank which was found to contain a large quantity of floating oil.

The only swimming bath sample examined chemically during the year had a rather high residual chlorine content.

SAMPLES EXAMINED FOR OTHER CORPORATION DEPARTMENTS

City Surveyor's Department

Ten samples of lubricating oils for use in motor vehicles were tested by standard methods for compliance with the Corporation specification.

Apart from two of the samples which showed slight differences, they were all in satisfactory agreement.

A sample of antifreeze was tested and found to comply with the requirements of the appropriate British Standard Specification.

Two proprietary products for use in central heating systems to reduce corrosion in chimneys and pipelines were analysed for composition.

A trade effluent was analysed in relation to a consent to discharge to the public sewers.

City Architect's Department

The pH value of mixed drainage liquor and cows stomach contents were checked, and the probable original composition of a faulty floor screed sample was assessed from the results of analysis.

City Treasurer's Department

Beef sausages supplied to the school meals service were analysed for meat content. The minimum required is 65% of meat, which is a good standard for beef sausages. The sample contained 67% with no excess fat.

Two samples of hand cleanser of different brands were compared. No significant differences in performance were found and there was no evidence that either contained ingredients harmful to the skin.

Weights and Measures Department

It is unusual to receive samples from this department and the problem was of an unusual kind. A private purchaser had complained that a toothbrush sold as natural bristle was in fact made of synthetic polymer fibres (nylon) and we were asked to check this. Microscopical examination indicated that the product was made from genuine natural bristle. This was further confirmed by acid hydrolysis and paper chromatography which gave a typical amino acid pattern of protein, nylon giving a totally different picture.

Waterworks Department

A total of 537 samples were examined for the Water Engineer and Manager. These included samples of water before and after coagulation and filtration and various others at points on the distribution network. In general the water supplied was of a very high standard any deviations being reported and corrected promptly. No instances of plumbo solvency were noted in any of the samples examined during 1965.

SAMPLES RECEIVED FROM PRIVATE SOURCES

A small number of private individuals or bodies submitted samples for analysis.

These included Waters (4 samples) for a chemical manufacturing firm; Water (1 sample) for a textile firm; Sludge from an engine; Soap for presence of harmful ingredients; Surface Water for presence of sewage pollution; Sediments from petrol tank of car (this was found to consist of ferrous sulphate); Wines (12 samples) for proof spirit content; Sand and fly ash from a heavy industrial firm.

PORT HEALTH SERVICE

REPORT FOR 1965 OF MR. T. G. NEWBY, MASTER MARINER, M.A.P.H.I. CHIEF PORT HEALTH INSPECTOR

The Cardiff Port Health Authority was constituted by Provisional Order in 1882, becoming permanently constituted with extended limits of jurisdiction in 1894. The limits of the Port Health District extend from Sully Island to the Rhymney River, the Authority having jurisdiction over all waters, docks, harbours and vessels within the said limits.

The Port Health Authority is invested with all the functions, rights and liabilities of an Urban Sanitary Authority under certain sections of the Public Health Acts, so far as they are applicable to waters, vessels, persons, goods or things on, or landed from, any vessel within the said jurisdiction.

In accordance with the instructions of the Ministry of Health, Form Port 20, Sections, I, V, VI, VIII, XIV, XV and XVI of the report are not repeated in full.

SECTION I—STAFF

TABLE A

Change in Medical Staff during the year.

Dr. W. M. Sutcliffe, M.B., Ch.B., D.P.H., D.I.H., Senior Medical Officer of Health, City and Port commenced Port duties 25th July, 1965.

Dr. G. F. Newbold, M.R.C.S., L.R.C.P., M.B., B.S., D.R.C.O.G., M.M.S.A., D.C.H., Assistant Medical Officer of Health, City and Port commenced 6th September, 1965.

SECTION II

AMOUNT OF SHIPPING ENTERING THE DISTRICT DURING THE YEAR

The number and tonnage of vessels entering the port (which includes Ely Harbour) inspected by officers of the Port Health Authority during 1965 are set out below:—

TABLE B

Ships from	Number	Tonnage	Number Inspected by the		Number of Ships reported as having, or having had during the voyage, infectious disease on board
			Medical Officer of Health	Port Health Inspector	
Foreign Ports ...	308	—	81	221	2
Coastwise ...	1,005	—	—	274	—
TOTAL ...	1,313	—	81	495	2

The following table shows the number of vessels entering the port which were dealt with by the department each month during 1965:—

Month	From Foreign Ports	Coastwise	Total
January	26	88	114
February	20	78	98
March	26	96	122
April	30	76	106
May... ..	24	91	115
June... ..	29	70	99
July	41	95	136
August	27	65	92
September	19	94	113
October	20	64	84
November	20	98	118
December	26	90	116
TOTAL	308	1,005	1,313

The nationalities of the several types of vessels entering the port which were dealt with by the department during 1965 are shown in the following table:—

Nationality	Steam	Motor	Dumb Barges	Total
American	—	1	—	1
Belgian	3	7	—	10
British	80	808	—	888
Danish	—	18	—	18
Dutch	—	95	—	95
Finnish	1	10	—	11
French	—	7	—	7
German	—	97	—	97
Greek	17	6	—	23
Indian	1	2	—	3
Irish... ..	—	20	—	20
Israeli	—	3	—	3
Lebanese	1	—	—	1
Liberian	10	22	—	32
Norwegian	—	41	—	41
Panamanian	3	5	—	8
Polish	—	1	—	1
Rumanian	—	3	—	3
Russian	2	8	—	10
South African	—	3	—	3
Spanish	2	8	—	10
Swedish	—	27	—	27
Swiss	—	1	—	1
TOTAL	120	1,193	—	1,313

SECTION III

CHARACTER OF SHIPPING AND TRADE DURING THE YEAR

TABLE C

Passenger Traffic	{	Number of passengers INWARDS	157
	{	Number of passengers OUTWARDS	916
Cargo Traffic	{	Principal IMPORTS—Iron ore, timber, bones, fuel oil, fruit, general and grain.	
	{	Principal EXPORTS—Coke, heavy iron and steel goods, and general merchandise.	

Principal countries from which ships arrive.—Algeria, Belgium, Finland, France, Greece, Germany, Holland, India, Israeli, Liberia, Norway, Persian Gulf, Poland, Portugal, Russia, Spain, Sweden, United States of America and the West Indies.

SECTION IV

INLAND BARGE TRAFFIC

Numbers and Tonnage using the District and places served by the Traffic

NONE

SECTION V

WATER SUPPLY

NO CHANGE

Reports and tests for contamination.—During the year 15 samples of drinking water from ships were submitted to the Public Health Laboratory for bacteriological examination, the results being as follows:—

Satisfactory	12
Contaminated	3
	—
Total	15
	—

Also 9 samples of water taken from the main supply hydrants, Cardiff Docks, were submitted for bacteriological examination, 8 proved to be satisfactory and 1 was unsatisfactory.

SECTION VI

PUBLIC HEALTH (SHIPS) REGULATIONS, 1952–1961

NO CHANGE

Cleansing and Disinfestation.—During the year 30 vessels were found to be slightly infested with cockroaches and 7 vessels with weevil infestation and notices were served upon the Masters requiring them to take all necessary steps to eradicate the insects. No seamen suffering from scabies were treated at the Cardiff Disinfecting Station.

SECTION VII

SMALLPOX

Name of Isolation Hospital to which Smallpox cases are sent from the district.

From Lansdowne Hospital to Penrhys Hospital, Pentre, Rhondda.

Arrangements for transport of such cases to that hospital by ambulance, giving the name of the Authority responsible for the ambulance and the vaccinal state of the ambulance crews:—

Arrangements are made at the Lansdowne Hospital, the Cardiff City Council being responsible for the ambulance service.

Ambulance crews are vaccinated.

Names of Smallpox consultants available:—

G. F. J. Thomas, M.R.C.S., L.R.C.P., D.P.H.,
Medical Superintendent,
St. David's Hospital, Cardiff.

E. Waddington, M.D., M.R.C.P.,
St. Winifred's Hospital, Cardiff.

Facilities for Laboratory diagnosis of smallpox:—

Facilities are provided by the Public Health Laboratory Service, Institute of Pathology, Cardiff Royal Infirmary.

SECTION VIII

VENEREAL DISEASE

The Treatment Centre for the diagnosis and treatment of venereal disease for seamen is at the Cardiff Royal Infirmary. The number of cases of venereal disease dealt with at the treatment centre during the year were unobtainable.

One case of venereal disease came to the knowledge of the Port Health Inspectors during the year and was recommended for treatment at the centre.

SECTION IX

CASES OF NOTIFIABLE AND OTHER INFECTIOUS DISEASES ON SHIPS

During the year 1 case of mumps and 1 case of meningitis occurred on vessels during their stay in port, as shown in the following table:—

TABLE D

Category	Disease	Number of cases during the year		Number of Ships concerned
		Passengers	Crew	
Cases landed from ships from foreign ports ...	Mumps	—	1	1
	Meningitis	—	1	1
Cases which have occurred on ships from foreign ports but have been disposed of before arrival	—	—	—	—
Cases landed from other ships	—	—	—	—

SECTION X

OBSERVATIONS ON THE OCCURRENCE OF MALARIA IN SHIPS

No case of malaria was reported to have occurred on vessels entering the port during the year.

SECTION XI

MEASURES TAKEN AGAINST SHIPS INFECTED WITH OR SUSPECTED FOR PLAGUE

No case, or suspected case, of plague was reported to have occurred on vessels arriving at the port during the year. Vessels arriving from plague-infected or suspected areas are visited on arrival, or as soon afterwards as possible, by the Port Medical Officer and Port Health Inspector on rota duty. All vessels arriving from these areas are thoroughly searched for rat evidence by the rodent operative and, where necessary, trapping is carried out and any rats caught or found dead are submitted to the Public Health Laboratory for bacteriological examination.

SECTION XII

MEASURES AGAINST RODENTS IN SHIPS FROM FOREIGN PORTS

Procedure for inspection of ships for rats.

NO CHANGE

Arrangements for the bacteriological or pathological examination of rodents, with special reference to rodent plague, including the number of rodents sent for examination during the year:—

A proportion of all rats trapped or found dead after fumigation is submitted to the Public Health Laboratory for examination for the detection of plague. No vessels were fumigated during the year and no rats were caught by traps.

Arrangements in the district for deratting ships and the methods used:—

NO CHANGE

Deratting is carried out by private contractors, the undermentioned operate in the district:—

The Associated Fumigators Limited, London
The Fumigation Services Ltd., Barking, Essex
Rentokil Laboratories Limited, Cardiff

Progress in the rat proofing of ships

The incorporation of rat-proofing principles in modern ship construction is having the desired effect of reducing rodent infestation to a minimum.

TABLE E

**RODENTS DESTROYED DURING THE YEAR IN SHIPS
FROM FOREIGN PORTS**

Category	Number
Black rats	—
Brown rats	—
Species not known	—
Sent for examination	—
Infected with plague	—

TABLE F

**DERATTING CERTIFICATES AND DERATTING EXEMPTION CERTIFICATES
ISSUED DURING THE YEAR FOR SHIPS FROM FOREIGN PORTS**

Number of Deratting Certificates issued					Number of Deratting Exemption Certificates issued 6	Total Certificates issued 7
After fumigation with HCN 1	Other fumigant (state method) 2	After trapping 3	After poisoning 4	Total 5		
—	—	—	—	—	69	69

The fees received by the Port Health Authority in respect of these certificates amounted to £398 14s. 0d.

SECTION XIII

INSPECTION OF SHIPS FOR NUISANCES

TABLE G

INSPECTIONS AND NOTICES

Category of Nuisance and number of Inspections	Notices served		Result of serving Notices
	Statutory Notices	Other Notices	
Defects of Original Construction	—	—	—
Structural Defects through Wear and Tear	—	58	Ships on which defects were remedied 58
495	—	—	
Dirt, Vermin and Other Conditions prejudicial to health	—	44	ships on which nuisances were remedied 44
495	—	—	
TOTAL	—	102	102

The number of visits and re-visits made to these vessels in connection with health survey and the remedy of sanitary defects and nuisances totalled 2,426.

Defects and nuisances found on vessels entering the port during 1965 are shown below:—

Structural Defects through Wear and Tear

Defective:

Baths	2
Water Boilers	4
Ports	17
Ventilators	19
Skylight	11
Steam heaters, stoves, stove-pipes, etc.	17
Sanitary conveniences, flushes, etc.	71
Pans	8
Bulkheads	11
Floors	7
Doors	13
Refrigerators	6
Wash-hand basins	40
Waste pipes	46
Scuppers	64
Decks	23
Tiles	48
Showers	2
Taps	11
Glass Rubbers	11
Food Lockers	4
Steam pipes	3
Drain pipes	8
Wash Hand supply Pipes	38
Sink	3

Dirt and Other Conditions prejudicial to health

Dirty:—

Crew Quarters	4
Pantries	5
Galleys	13
Provision Store-room	1
Refrigerator	4
Fresh Water Tanks	5
Sanitary Conveniences	1
Foul Accumulation	1
Food Lockers	1
Mess Room	7

Verminous:—

Crew Quarters	30
Messrooms	5
Provision Store-rooms	3
Pantries	4
Galleys	3
Slight weevil infestation in provision store-rooms	7
Rat infestation	1

THE CLEAN AIR ACT

SECTION 20—APPLICATION TO VESSELS

The Dark Smoke (Permitted Periods) (Vessels) Regulations, 1958

Smoke Emissions.—During the year 48 vessels were observed emitting dark smoke and the masters or persons in charge were advised of the above Regulations and appropriate action was taken to reduce the emissions. The number of visits made to these vessels was 56.

SECTION XIV

PUBLIC HEALTH (SHELL FISH) REGULATIONS, 1934 and 1948

NO CHANGE

SECTION XV

MEDICAL EXAMINATION OF ALIENS

(Applicable only to Ports approved for the landing of Aliens)

List of Medical Inspectors of Aliens holding Warrants of Appointment

NO CHANGE

List of other Staff engaged on this work.

NO CHANGE

Organisation of work

NO CHANGE

Accommodation for medical inspection and examination.

NO CHANGE

Nature and amount of aliens traffic.

Passenger traffic at the port is relatively small and casual. 43 ships arrived during the year with 94 alien passengers on board and none of these were subjected to detailed medical examination.

COMMONWEALTH IMMIGRANTS ACT, 1962

MEDICAL EXAMINATIONS

During the year the number of arriving Commonwealth citizens subject to control under the Act was seventeen, none of whom was medically examined.

SECTION XVI

MISCELLANEOUS

NO CHANGE

The Dangerous Drugs Regulations, 1953, No. 499, Section 13 (2) (a). One certificate was issued authorising the master of a foreign vessel to purchase dangerous drugs.

Certificates of Health. No certificates in respect of the health of the port were issued to Shipping Companies during the year.

THE PREVENTION OF DAMAGE BY PESTS (APPLICATION TO SHIPPING) ORDER, 1951

The Prevention of Damage by Pests (Application to Shipping) Order, 1951, made under Section 23 of the Prevention of Damage by Pests Act, 1949, applying the provisions of the Act, with appropriate modifications to shipping, has been strictly enforced.

Under the provisions of the above Order, periodical inspection of coastal vessels, etc., is carried out by officers of the department. No Rodent Control Certificates were issued to masters of vessels during the year.

Diseases of Animals Acts, etc. 29 dogs and 18 cats were brought to the port on vessels. All the vessels were visited regularly during their stay in port to ensure that the requirements were observed.

FOOD INSPECTION

The principal food imports during the year were from Australia and New Zealand, and consisted of beef, mutton, lamb, offal, butter and cheese. From Canada and the United States of America, wheat, flour, maize, canned fish and fruit were imported and from European countries, fresh fruits, canned meats and vegetables. In addition to these direct imports, large quantities of food-stuffs, transhipped at other ports in the British Isles, arrived by coastwise traffic.

Examination of imported food is carried out by the food inspectors in the dockside warehouses and occasionally on board ship. If the food examined is found to be in good condition, the whole consignment is released for distribution, but if found to be diseased or unsound, the whole consignment is detained until a complete examination is carried out. Diseased and unsound articles of food are disposed of under the supervision of the food inspectors. When necessary, samples of food-stuffs are submitted for bacteriological examination.

Examination of imported meat is carried out in the transit sheds on the dock sides and the local cold stores. The glandular examination of mutton and lamb carcasses weighing over 42 lb. was continued and only two cases of caseous lymphadenitis were found.

Imported Foodstuffs. The quantities of various kinds of food-stuffs imported during the year are shown in the following table:—

DESCRIPTION	QUANTITY	DESCRIPTION	QUANTITY
Bacon (bales)	161	Macaroni (cartons)	8,500
Bakery Products (cartons)	90	Maize (tons)	1,937
Beans (cartons)	31	Meat (canned)	123,244
Beer (canned)	650	Milk canned (cartons)	4,000
Brandy (bottled) (cartons)	7,420	Milk Powder (bags)	17,262
Butter (cartons)	622,454	Olive Oil (cartons and casks)	164
Cauliflower, Pickled (casks)	160	Onions (bags)	2,830
Cheese (packages)	106,248	Rice (bags)	100
Chicken, canned (cartons)	20,325	Rusks (cartons)	3,850
Chicory (bags)	84	Salami (cartons)	140
Coffee (drums)	152	Spaghetti (cartons)	340
Farina (bags)	620	Tomato Juice canned (cartons)	240
Fish (canned)	4,000	Tomato Paste canned (cartons)	916
Flour (bags)	5,842	Tomato Puree canned (cartons)	1,080
Fruit, canned (cartons)	387,741	Tomato Sauce bottled (cartons)	261
Fruit dried (cartons)	46,298	Tomato Soup canned (cartons)	20
Fruit Juice (cartons)	5,400	Tomato canned (cartons)	127,052
Fruit Fresh (cases)	948,934	Vegetables Dried (bags)	23,280
Gelatine Powder (bags)	500	Vegetables Fresh (bags)	4,535
Gherkins (cases)	65	Vinegar bottled (cartons)	35
Gin bottled (cartons)	12	Walnuts (casks)	26
Grain (boxes)	510	Wheat (tons)	53,519
Jam Jars (bottled)	150	Wine (casks)	50
Lard (cartons)	17,890	Wine bottled (cartons)	1,902

Overseas Meat. In addition to the food-stuffs already referred to, six vessels arrived with the following quantities of overseas meat:—

DESCRIPTION	QUANTITY	DESCRIPTION	QUANTITY
Carcases of Lamb	148,488	Sundries (bags)	133
Carcases of Mutton	668	Sundries (cartons)	6,268
Rabbit (cartons)	208		

The quantities of various kinds of food-stuffs withheld from human consumption during the year are shown below:—

	Tons	Cwts.	lbs.	ozs.
Fruit (canned)	—	2	54	0
Meat (canned)	—	4	13	12
Lard	—	—	56	0
Tomato Juice	—	—	15	0
Tomatoes (canned)	—	6	45	0
TOTAL	—	13	71	12

Oranges 476 cases

The Public Health (Imported Food) Regulations, 1937 – 1948, the Public Health (Preservatives, etc., in Food) Regulations, 1925–1962, and the Food and Drugs Act, 1955.

Ninety samples of imported food were submitted to the Public Analyst for analysis. The nature, country of origin, and the number of samples, are shown in the following table:—

Description	Country of Origin	Number of Samples
Beef Steak in Gravy	Holland	1
Casserole Steak in Curry	Australia	1
Chopped Pork	Yugoslavia	1
Crab	Germany	1
Dried Peas (bags)	Holland	1
Dried Prunes	Australia	1

Description	Country of Origin	Number of Samples
Flour	Australia	3
French Beans	Italy	1
Grapefruit	Cyprus	1
Grapefruit Juice	Germany	1
Grapefruit Juice	South Africa	1
Ham	Holland	2
Lard	Belgium	1
Lard	Holland	1
Lemons	South Africa	3
Lemons	Cyprus	1
Lemons	Israel	1
Lunch Tongue	Denmark	1
Meat Loaf	Australia	1
Minced Beef Loaf	Australia	1
Oranges	Japan	1
Oranges	Israel	3
Oranges	South Africa	3
Oranges	Cyprus	2
Ox tongue	Holland	5
Pineapple Chunks	Malaya	2
Pork Luncheon Meat	Holland	1
Pork Luncheon Meat	Denmark	1
Potatoes	Belgium	1
Prunes	Italy	1
Ravioli in Tomato Sauce	Holland	1
Red Cherries	Italy	1
Sausages	Belgium	1
Stringless Beans	Belgium	1
Sultanas	Australia	1
Tomatoes	Italy	35
Tomatoes	Egypt	4
Tomato Paste	Italy	1

October, 1965

A sample tin of French Beans of Italian manufacture was reported by the Public Analyst because the tin content was found to be in excess of the 250 parts per million maximum recommended by the Food Standards Committee Report on Tin in Canned Foods, 1953. The consignment of 25 cartons was originally intended to be discharged at Avonmouth, but due to congestion was discharged at Cardiff and delivered by road to the consignee at Bristol before the sample result was obtained. Accordingly the Bristol Port Health Authority was informed and it was agreed that further enquiries be made at Bristol.

December, 1965

Further samples from the 180 cartons of Italian tinned tomatoes detained in August have been taken, the results also showing excessive lead and tin content, and the importer has agreed to export them.

Each of the other samples were reported to be genuine or to contain preservatives within the limits prescribed by the Preservatives in Food Regulations, 1962.

Bacteriological Examinations. Six samples of imported food were submitted to the Public Health Laboratory Service for bacteriological examination, as follows:—

Description	Country of Origin	Number of Samples
Ox Tongue	Holland	2
Ham	Holland	2
Lard	Belgium	1
Crab	Germany	1

The results of the examination showed the 6 samples to be satisfactory.

MISCELLANY

Registration of Private Nursing Homes

One more private nursing home was registered during the year: this home caters for the chronic sick and for elderly patients.

At the end of the year 8 homes were registered providing 24 maternity beds and 130 beds for other cases.

METEOROLOGICAL OBSERVATIONS

1965

The geographical position of the Meteorological Station, which is situated at Penylan, Cardiff, is latitude 51° 30' N., longitude 3° 10' W., and the height of the Station above mean sea level is 203 feet. Observations were made daily at 9 a.m. (G.M.T.). Summaries of the observations made during 1965 are given in the following tables:—

BAROMETRIC PRESSURE AND RELATIVE HUMIDITY

1965	Attached Ther- mometer (Mean)	Mean Barometric Pressure		Hygrometer		
		Unconnected	Reduced to Mean Sea Level and Temp. 32°F.	Dry Bulb (Mean)	Wet Bulb (Mean)	Mean Relative Humidity
	°F	Inches	Inches	°F	°F	%
January ...	39	29·601	29·816	38·4	37·3	88
February...	39	30·172	30·390	38·3	36·1	77
March ...	38	29·717	29·934	42·6	40·4	82
April ...	48	29·584	29·770	46·4	43·6	76
May ...	54	29·869	30·036	53·4	47·7	77
June ...	60	29·843	29·990	58·8	54·6	76
July ...	57	29·772	29·928	56·5	54·8	80
August ...	61	29·824	29·968	59·4	56·4	81
September ...	55	29·660	29·823	52·9	51·1	88
October ...	53	29·930	30·100	51·3	49·3	89
November ...	42	29·560	29·764	41·9	40·0	84
December ...	43	29·535	29·736	43·7	47·9	87
	49	29·756	29·938	48·7	46·6	82

TEMPERATURE

	Absolute Maximum °F	Absolute Minimum °F	Mean of Maximum °F	Mean of Minimum °F	Mean Temperature °F
January ...	51	28	45	34	39·5
February ...	49	25	43	31	37·0
March ...	70	16	50	32	41·0
April ...	65	32	56	40	48·0
May ...	78	33	62	45	53·5
June ...	76	44	64	57	56·0
July ...	73	45	65	52	58·5
August ...	78	47	68	53	60·5
September ...	69	40	62	48	55·0
October ...	69	34	58	46	52·0
November ...	57	25	47	37	42·0
December ...	55	26	49	39	44·0
	66	33	56	43	48·9

UNDERGROUND TEMPERATURE AND SUNSHINE

1965				Underground Temperature (Mean)		Bright Sunshine
				1 ft.	4 ft.	Total Duration
				°F	°F	Hours
January	...	...	...	40.2	46.6	74.2
February	...	...	...	39.8	42.5	49.9
March	...	...	...	41.8	43.0	107.6
April	...	...	...	49.9	47.4	147.2
May	...	...	...	54.7	50.8	166.7
June	...	...	...	59.1	54.7	177.9
July	...	...	...	62.1	59.3	133.0
August	...	...	...	62.8	60.0	211.1
September	...	...	...	57.5	57.8	95.7
October	...	...	...	54.3	56.2	99.8
November	...	...	...	47.7	50.6	84.2
December	...	...	...	43.7	47.9	60.8
				51.1	51.4	1,408.1*

* a daily average of 3.86 hours

RAINFALL

1965	Total Inches	Difference from Average (76 years) Inches	Greatest Fall in 24 hours*		Number of Rain-days (0.01 inch or more)
			Amount Inches	Day	
January	4.92	+0.87	1.07	13th	23
February	0.08	—2.80	0.01	7, 11, 12th	3
March	3.49	+0.65	0.54	15th	14
April	2.37	—0.27	0.86	9th	18
May...	2.75	+0.10	0.40	22nd	14
June...	5.08	+2.54	1.40	15th	13
July ...	6.54	+3.45	1.00	12th	19
August	2.72	—1.36	0.87	20th	19
September	4.53	+1.15	0.78	19th	17
October	1.05	—3.55	0.43	31st	8
November	4.34	+0.22	0.72	28th	18
December	10.97	+6.54	1.35	22nd	23
		48.84	+7.54	1.40 on 15th June	189

* 24 hours ended 9.0 a.m. (G.M.T.) next day

